

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC 029410 b
2. NAME OF OPERATOR Continental Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico 88240	7. UNIT AGREEMENT NAME MCA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL and 660' FWL, Sec. 30, T-17S, R-32E, Lea County, New Mexico N.M.P.M.	8. FARM OR LEASE NAME MCA Unit Battery 1
14. PERMIT NO.	9. WELL NO. 104
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3900 D.F.	10. FIELD AND POOL, OR WILDCAT Maljamar Repress. (GSA) Pool
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-17S, R-32E
	12. COUNTY OR PARISH Lea
	13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Run liner & convert to Int. X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Subject well presently producing at a rate of 41 B.O., 0 B.W., in 24 hrs. at a T.D. of 3940'.

It is proposed to convert this well to injection in conjunction with the drilling of Well No. 242 to allow optimum control of injection in this area.

Subsequent report will be submitted upon completion.

18. I hereby certify that the foregoing is true and correct

SIGNED Joe L. Darity TITLE Staff Supervisor DATE 4-13-67

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APR 17 1967  
A. H. DILLON  
DISTRICT ENGINEER

DATE

USGS-5 PARTNER-15 FILE-2

\*See Instructions on Reverse Side