

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-verse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 060199-B</u>	
2. NAME OF OPERATOR <u>Continental Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>Box 460, Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME <u>mca</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface 1980' FNL + 660' FEL, Section 30, T-17S, R-32E, Lea County, New Mexico.</u>		8. FARM OR LEASE NAME <u>mca Unit Step 1</u>	
14. PERMIT NO.		9. WELL NO. <u>159</u>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>3919' GL</u>		10. FIELD AND POOL, OR WILDCAT <u>Magnum Repress. (452) Pool</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 30, T-17S, R-32E</u>	
		12. COUNTY OR PARISH <u>Lea</u>	
		13. STATE <u>NM</u>	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Convert to Water Inj.</u> <input checked="" type="checkbox"/>	

(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.)*

To convert the well to water injection, tubing was run with packer set at 3369 and the well was placed on injection.

APPROVED

MAR 5 1968

J. L. GORDON
ACTING DISTRICT ENGINEER

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

SIGNED

Robert Gault JR

TITLE

Adm. Sec. Chief

DATE

3-1-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 Partners-15 file