

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY

Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

LC 059001

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☒ <i>Water Injection</i>		7. UNIT AGREEMENT NAME <i>mea</i>	
2. NAME OF OPERATOR <i>Continental Oil Company</i>		8. FARM OR LEASE NAME <i>Mea Unit Bty 3</i>	
3. ADDRESS OF OPERATOR <i>Box 460, Hobbs, New Mexico 88240</i>		9. WELL NO. <i>232</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1880' FNL + 1980' FWL, Section 33, T-17S, R-32E, Lea County, New Mexico</i>		10. FIELD AND POOL, OR WILDCAT <i>Mallam's Express (1950) Pool</i>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3916' DF</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 33, T-17S, R-32E</i>	
		12. COUNTY OR PARISH <i>Lea</i>	13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☒ <i>Convert to Water Inj.</i>	

(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.) *

Work Done:

*Run tubing with packer set at 3694.
Did not perforate and acidize well as outlined
in Notice of Intention dated 1-30-68.
Placed well on injection.*

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

SIGNED *Robert Gault* TITLE *Adm. Sec. Chief* DATE *4-8-68*
(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

USGS-5 Partners-15 File

TITLE

APPROVED

*See Instructions on Reverse Side

J. L. GORDON
DISTRICT ENGINEER