

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

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC-029409 (a)

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12. COUNTY OR PARISH

13. STATE

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ *Water Injection*

2. NAME OF OPERATOR  
Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface

660' FSL & 660' FWL of sec. 33

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3888' BR

Sec. 33 T-17S R-32E

Lee

NM

18. 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)

*Shut in*

☒

(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.)

Status of Well: *Shut in*

Approximate date that temp. aban. commenced: *2-18-74*

Reason for temp. aban.: *uneconomic waterflood project*

Future plans for Well: *plug + abandon*

Approximate date of future W. O. or plugging: *4<sup>TH</sup> QTR. 1975*

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

SIGNED

*[Signature]*

TITLE

Division Office Manager

DATE

*10/30/74*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

\*See Instructions on Reverse Side

USGS-5, *File*

NOV 5 1974

JIM SIMS  
ACTING DISTRICT ENGINEER