

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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. <i>LC - 029406 (b)</i>	
2. NAME OF OPERATOR <i>Continental Oil Company</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, NM 88240</i>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <i>At surface</i> <i>1980' FSL + 1980' FEL of Sec 5</i>		8. FARM OR LEASE NAME <i>Grace Mitchell B</i>	
14. PERMIT NO.		9. WELL NO. <i>6</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4103' DF</i>		10. FIELD AND POOL, OR WILDCAT <i>Maljamar G-5A</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 5, T-17S, R-32E</i>	
		12. COUNTY OR PARISH <i>Lea</i>	
		13. STATE <i>NM</i>	

18. 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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other) *Convert to Water Injection* ☒

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) ☐
(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.)*

It is proposed to convert this well to water injection by the following procedures.

Clean well out to T.D. Run 2 3/8" cement lined tbg with packer. Set packer at 3870' and place well on injection

This waterflood has been approved by the NMOCC's order NO. R-4633

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

SIGNED

[Signature]

TITLE *Admin. Supervisor*

DATE *9-24-73*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

OCT 17 1973

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side