

## DEPARTMENT OF THE INTERIOR

(Other instructions on reverse side)

Budget Bureau No. 42-R1424

GEOLOGICAL SURVEY

## 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"/>   |  | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED<br/>NOV 1 1974 </div> | 5. LEASE DESIGNATION AND SERIAL NO.<br><i>LC-029406 (6)</i> |   |
| 2. NAME OF OPERATOR<br>Continental Oil Company   |  |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                        |   |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 460, Hobbs, New Mexico 88240   |  |   | 7. UNIT AGREEMENT NAME                                      |   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br><i>660' FSL &amp; 660' FEL 9 Sec. 5</i> |  |   | 8. FARM OR LEASE NAME<br><i>Grace Mitchell B</i>            |   |
| 14. PERMIT NO.   |  | 15. ELEVATIONS (Show whether DF, RT, CR, etc.)  |   | 9. WELL NO.<br><i>2</i>   |
|  |  |   |   | 10. FIELD AND POOL, OR WILDCAT<br><i>Maly. G-5A</i>                           |
|  |  |   |   | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA<br><i>Sec. 5 T-17S R-32E</i> |
|  |  |   |   | 12. COUNTY OR PARISH<br><i>Lea</i>  |
|  |  |   |   | 13. STATE<br>NM   |

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

## NOTICE OF INTENTION TO:

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

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

(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: *10-6-72*Reason for temp. aban.: *uneconomic*Future plans for Well: *this well has been converted to a San Andres waterflood injector*Approximate date of future W. O. or plugging: *STARTED INT. 9/23/79*

## 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 \_\_\_\_\_

\*See Instructions on Reverse Side

USGS-5, *File*