

UNITED STATES  
DEPARTMENT OF THE INTERIORSUBMIT IN TRIPLICATE  
(Other instructions on reverse side)Form approved  
Budget Bureau No. 42-R1-94

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Injection Well</i>                                                                                 |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><i>LC 029405 b</i>                        |                             |
| 2. NAME OF OPERATOR<br><i>Continental Oil Company</i>                                                                                                                                                                  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                             |                             |
| 3. ADDRESS OF OPERATOR<br><i>Box 460 Hobbs, N. Mex.</i>                                                                                                                                                                |  | 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><i>660' FSL 4660' FEL, section 18, T-17S, R-32E,<br/>Lea County, N. Mex.</i> |  | 8. FARM OR LEASE NAME<br><i>Wm. Mitchell B</i>                                   |                             |
| 14. PERMIT NO.                                                                                                                                                                                                         |  | 9. WELL NO.<br><i>12</i>                                                         |                             |
| 15. ELEVATIONS (Show whether DF, RI, GR, etc.)<br><i>3998' DF</i>                                                                                                                                                      |  | 10. FIELD AND POOL, OR WILDCAT<br><i>Mahagoni Repress (B5A) Pool</i>             |                             |
|                                                                                                                                                                                                                        |  | 11. SEC., T., R., M., OR F.R. AND SURVEY OR AREA<br><i>Sec. 18, T-17S, R-32E</i> |                             |
|                                                                                                                                                                                                                        |  | 12. COUNTY OR PARISH<br><i>Lea</i>                                               | 13. STATE<br><i>N. Mex.</i> |

## 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.)\*

The well was converted to a water injection by the following procedure:

- 1) Ran 3 3/8 cemented tubing with packer.
- 2) Displaced annulus with treated water and set packer at 3655'.
- 3) Started injecting water into the well 9-8-68.

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

SIGNED

*W. E. Spearley*

TITLE

*Adm. Section Chief*

DATE

*9-9-68*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

SEP 10 1968

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER