

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <i>LC 029405</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Box 460, Hobbs, New Mexico 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.) At surface <i>660' FSL + 1980' FWL, Section 18, T-17S, R-32 E, Lea County, New Mexico</i>		8. FARM OR LEASE NAME <i>Wm Mitchell B</i>
14. PERMIT NO.		9. WELL NO. <i>13</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3964' DF</i>		10. FIELD AND POOL, OR WILDCAT <i>Melmore Depress (450) Pool</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 18, T-17S, R-32 E</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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <i>Convert to Water Inj.</i> <input checked="" type="checkbox"/>	

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) <input type="checkbox"/>	

(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 the well to water injection by the following procedure.

Drill out bridge plug at 3750 and clean out to 4115. Run tubing with packer and commence injection.

NMOCC approval to expand the MCA Unit Waterflood was obtained under order WFX-261 dated January 15, 1968.

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

SIGNED

Robert Gault III

TITLE

Adm. Sec. Chief

DATE

2-1-68

(This space for Federal or State office use)

APPROVED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 File

FEB 5 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER