

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

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' FNL and 660' FWL, Sec. 19, T-17S, R-32E,  
Lea County, New Mexico N.M.P.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, AT, OR, etc.)

3941 D.F.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029405 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

18

10. FIELD AND POOL, OR WILDCAT

Maljamar Repress.  
(GSA) Pool

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

Sec. 19, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

(Other) Run liner & convert to Inf. X

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 perti-  
nent to this work.)

Subject well presently producing at a rate of 9 B.O., 2 B.W.  
in 24 hrs. from a T.D. of 3990'.

It is proposed to convert this well to injection in conjunction  
with the drilling of Well No. 242 to allow optimum control of injection  
in this area.

Subsequent report will be submitted upon completion of this  
report.

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

SIGNED

TITLE Staff Supervisor

DATE 4-13-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5

PARTNERS-15

FILE-2

\*See Instructions on Reverse Side