Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO. LC 029435(?)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Water injection 24

7. UNIT AGREEMENT NAME MCA

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME MCA Unit Btry 1

3. ADDRESS OF OPERATOR
Box 460, Hobbs, New Mexico

9. WELL NO. 52

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980 FNL + 660 FEL, Sec. 19, T-17S, R-32E, Lea County, New Mexico

10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3950 DF

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	[ ]	PULL OR ALTER CASING	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]
(Other)			[ ]

SUBSEQUENT REPORT OF:			
WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
(Other) Convert to Water injection			[X]

(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.)*

Pulled rods + tubing. Set packer @ 3450. Placed well on injection, Date 2-15-68; Injecting at [illegible] per day, 54 [illegible].

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

SIGNED [signature] TITLE [illegible] DATE 4-25-68

(This space for Federal or State office use)

APPROVED BY ____________ TITLE ____________ DATE ____________
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
APR 29 1968
J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side