

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STAMP IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-21424.
LEASE DESIGNATION AND SERIAL NO.

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. GIL WELL ☐ GAS WELL ☐ OTHER ☒ <u>Water Injection</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>10 029435 A</u>	
2. NAME OF OPERATOR <u>Continental Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>Box 460, Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME <u>MCA</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1980' FNL & 660' FNL, Sec. 20-17-32, Lea County, New Mexico N.M.P.M.</u>		8. FARM OR LEASE NAME <u>MCA Unit Battery 1</u>	
14. PERMIT NO.		9. WELL NO. <u>48</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4002'</u>		10. FIELD AND POOL, OR WILDCAT <u>Ma-jama' Express.</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 20, T-17S, R-32E</u>	
		12. COUNTY OR PARISH <u>Lea</u>	
		13. STATE <u>N.M.</u>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Convert to Injection</u> ☒	
(Other) ☐		(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.)

WORKOVER: ED 4083. Form Sd & Dolo. Elev 4002 G.E. Pay: Gray-
burg-San Andres 4057-4069. 6 5/8" csg set @ 3670' O.H. Tested 2-6-67.
Well pumped 21 BO, 4 BW in 24 hrs. GOR 2904.

WORK DONE: Pulled rods & pump. Tagged bottom @ 4076. Ran 127 jts
2" tubing w/pkr. Set @ 3587'. Placed well on injection.

AFTER WORKOVER: No change in T.D. Elev. csg. or perfs. On test
2-16-67. Injected 1281 BW in 24 hrs. at 0# press. Work started
2-13-67. Completed 2-14-67.

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

SIGNED Joe L. Batty TITLE Staff Supervisor DATE 3-22-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

APPROVED
MAR 24 1967
M. H. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side