

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

HOBBBS OFFICE IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

HOBBBS OFFICE O. C.
JUL 14 11 36 AM '67

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 ☒ <u>Water Injection</u>	7. UNIT AGREEMENT NAME <u>MCA</u>
2. NAME OF OPERATOR <u>Continental Oil Company</u>	8. FARM OR LEASE NAME <u>MCA Unit Battery</u>
3. ADDRESS OF OPERATOR <u>Box 460, Hobbs, New Mexico 88240</u>	9. WELL NO. <u>22</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>660' FNL & 660' FWL, Sec. 20 - T-17S, R-32E</u> <u>Lea County, New Mexico</u>	10. FIELD AND POOL, OR WILDCAT <u>Marjamar Express.</u> <u>(884) pool</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3954 GL</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:

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) <u>Convert to Injection</u> ☒	

(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.)

BEFORE: TD 4030, Pay: Grayburg San Andres 3975-4020. 7" csg. set @ 3559. Pumped 27 BO, no water in 24 hrs. GOR 1928.

WORK DONE: Pulled rods & pump. Tagged bottom @ 3988. Ran 110 jts 2" tbg. w/packer. Set @ 3454. Placed well on injection.

AFTER WORKOVER: No change in TD RPM Elev. Pay, csg. or perfs. On test 3-5-67. Injected 720 BW in 24 hrs @ 1200# press. Workover started 2-14-67. Completed 2-15-67.

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

SIGNED

[Signature]

TITLE

Staff Supervisor

DATE

3-22-67

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

MAR 24 1967
[Signature]
A. H. BROWN
DISTRICT ENGINEER

DATE

*See Instructions on Reverse Side