Form 9-331
(May 1963)

HOBBS OFFICE

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 029405 B

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.)

7. UNIT AGREEMENT NAME: MCA

1. OIL WELL ☐ GAS WELL ☐ OTHER: Injection

8. FARM OR LEASE NAME: MCA Unit

2. NAME OF OPERATOR: Continental Oil Company

9. WELL NO.: 94

3. ADDRESS OF OPERATOR: Box 460, Hobbs, New Mexico 88240

10. FIELD AND POOL, OR WILDCAT: Maljamar Repress. GSA Pool

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL & 60' FEL, Sec. 20-17-32 Lea County, New Mexico

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 20, T17S, R32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3995' 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Convert to Injection			X
(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.)*

BEFORE: TD 4909' Dolo., Elev. 3985' GL, Pay - Grayburg 3814-4090', 7" Csg. set @ 3760', Perfs. O.H. 3760-4090'. Tested: Pmp. 33 BO, 17 BW, in 24 hrs. on open choke. GOR 515., Allow. 35.

WORK DONE: Pld. rods & pmp. Tagged bottom @ 4058'. Ran 118 jts. 2" tbg. w/pkr. set @ 3510. Placed well on injection.

AFTER WORKOVER: No change in TD, RBM, Elev., Pay, Csg., or Perfs. On test dated 2-21-67. Injected 900 BW in 24 hrs. @ 300 lbs. press. Workover started 2-17-67. Completed 2-17-67.

I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Staff Supervisor DATE 4-6-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 13 1967

J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

SGS-3 PARTNERS-15 FILE-2