

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

HOBBBS OFFICE  
JUL 11 11 36 AM '67  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)  
U. C. C.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <u>Water Injection</u>                                                                                                         |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><u>10 029405 B</u>                |  |
| 2. NAME OF OPERATOR<br><u>Continental Oil Company</u>                                                                                                                                                                                           |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                     |  |
| 3. ADDRESS OF OPERATOR<br><u>Box 460, Hobbs, New Mexico 88240</u>                                                                                                                                                                               |  | 7. UNIT AGREEMENT NAME<br><u>MCA</u>                                     |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface <u>FSL FWL</u><br><u>660' FSL &amp; 1980' FWL</u> , Section 20-17-32, Lea County,<br>New Mexico N.M.P.M. |  | 8. FARM OR LEASE NAME<br><u>MCA Unit</u>                                 |  |
| 14. PERMIT NO.                                                                                                                                                                                                                                  |  | 9. WELL NO.<br><u>97</u>                                                 |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><u>3957 DF</u>                                                                                                                                                                                |  | 10. FIELD AND POOL OR WILDCAT<br><u>Maljamar Repress.<br/>(GSA) Pool</u> |  |
|                                                                                                                                                                                                                                                 |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><u>Sec. 20-17-32</u> |  |
|                                                                                                                                                                                                                                                 |  | 12. COUNTY OR PARISH<br><u>Lea</u>                                       |  |
|                                                                                                                                                                                                                                                 |  | 13. STATE<br><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 <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                                                               | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>                                                           | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                                                        | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <u>Convert to Water Injection</u>                                                             |                                          |
| (Other) <input type="checkbox"/>             |                                               | (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.)\*

The subject well was converted to injection as follows.

Pulled rods and pump. Tagged bottom at 3986'. Ran 109 jts 2" tubing w/packer set @ 3442'. Placed on injection. On 2-26-67 injected 650 BW in 24 hrs @ 700# press. Workover started 2-22-67, completed 2-22-67.

No change in T.D. RPM Elev. Pay, Csg. or perms.

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

SIGNED [Signature] TITLE Staff Supervisor DATE 3-23-67

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DISTRICT ENGINEER DATE 3-23-67

CONDITIONS OF APPROVAL, IF ANY: