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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER Injection

7. UNIT AGREEMENT NAME: MCA

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: MCA Unit Battery 1

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

9. WELL NO.: 62

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL & 660' FWL, Sec. 20-17-32 Lea County, New Mexico

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 20, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3595' 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.)*

The subject well was converted to an injection well using the following procedure:

BEFORE: TD 3990, Dolo., Elev. 3949 GL., Pay: Grayburg S.A., 3912-2990.. 7" Csg. set @ 3499. Perfs. O.H. 3499-3990'. Tested 2-15-67. Flwd. 44 BO, no water in 24 hrs. GOR 954. Allow. 28.

WORK DONE: Tagged bottom W/tbg. @ 3990'. Ran 108 jts. 2" tbg. W/pkr. set @ 3405'. Placed on injection.

AFTER WORKOVER: No change in T.D., For., Elev., or Pay. Tested 2--23-67. Injected 1100 BW in 24 hrs. @ 125# press..

Workover started 2-20-67. Completed 2-20-67.

18. 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 APR 10 1967

CONDITIONS OF APPROVAL, IF ANY:

J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-3 PARTNERS-15 FILE-2