

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN PLACATE
(Oil & Gas) OR ON TO
VOLUME SIDEForm approved,
Revised Edition No. 12, 1964
5. 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.)

LC-059001

6. IF LEASE, ALSO GIVE OR TRIBE NAME

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

50' FNL + 2500' FEL of Sec 33, T-17S, R-32E,

Lea County, N. Mex.

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, CR, etc.)

3928' DF

7. UNIT AGREEMENT NAME

MCA

8. NAME OF LEASE NAME

MCA Unit (Type)

9. WELL NO.

222

10. FIELD AND POOL, OR WILDCAT

MCA, G-5A, P-5A, R-5A

11. SEC., T., R., OR BLM. AND
SURVEY OR AREA

Sec 33, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mex.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) *Converted to Producing*

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 on 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.)

This well was converted from gas injection to producing by installing pumping equipment. First production was made on 2-14-69. on 2-18-69. tested 980, 0 BW, + 1 MCF in 24 hours.

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

SIGNED

TITLE Adm. Section Chief

DATE 3-18-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

MAR 19 1970

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

USGS-5 FILE

*See Instructions on Reverse Side

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