Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☐ GAS WELL ☐ OTHER: Water injection well

7. UNIT AGREEMENT NAME: MCA Unit

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: MCA Unit

3. ADDRESS OF OPERATOR: Box 460 Hobbs New Mexico

9. WELL NO.: 113

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 80' FNL + 25' FWL of Sec. 28, T-17S, R-32E Lea County, New Mexico

10. FIELD AND POOL, OR WILDCAT: Maljamar G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 28 T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3979' DF

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:				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) Clean out Return to Inj.			☒
(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.)*

Pull and fish cement lined tubing, left 5½ fish in hole at 3774'. Ran dual laterlog and tracer survey. Ran 2 3/8" cement lined tubing with packer set at 3549'. Placed the well back on injection.

On 11-3-70 injected 600 BW in 24 hours with 600# PSI.

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

SIGNED: [signature] TITLE: Adm. Supervisor DATE: 11-10-70

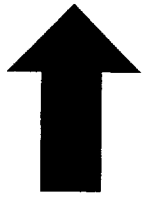
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

WAS

*See Instructions on Reverse Side



LTR

Job separation sheet

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO. LC 057210

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 Water Injection Well

7. UNIT AGREEMENT NAME: MCA Unit

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: MCA Unit

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

9. WELL NO.: 113

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface: 80' FNL & 25' FWL Sec. 28, T 17S, R32E Lea County, New Mexico

10. FIELD AND POOL, OR WILDCAT: Maljamar

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 28, T17S, R32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3979 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)			
(Other) Set liner & return to inj.			X				

(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.)*

Swage out collapsed 7" OD casing from approx. 3600'–3630'.

Set approx. 370' of 5" liner from 3400'–3770'; cement with 35 sacks of cement.

Run 2⅜" cement lined tubing with retrievable packer set at approx. 3690'.

Restore the well to injection.

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

SIGNED [illegible signature] TITLE Adm. Supervisor DATE 7-22-70

(This space for Federal or State office use)

APPROVED BY ______ TITLE ______ DATE ______
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JUL 28 1970
ARTHUR R. BROWN
DISTRICT ENGINEER

USGS-5 FILE

*See Instructions on Reverse Side