

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 058699
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 ☐

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
Box 460 Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FSL and 560' FWL of Sec 26

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3943' gr

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit 11

9. WELL NO.
273

10. FIELD AND POOL, OR WILDCAT
Mojave-SA Reservoir

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 26, T-17S, R-32E

12. COUNTY OR PARISH
Lea

13. STATE
N. Mexico

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) Convert to injection ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

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 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.) *

It is proposed to convert this well to injection by the following procedures: Pull producing equipment run 2 3/8" cement-lined tubing w/ tension packer and set in 4 1/2" casing at \pm 3970'.
This work is approved under WFX order no.

292.

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

SIGNED John D. Anger

TITLE Administrative Supervisor

DATE 5-26-72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

APPROVED

MAY 30 1972

ARTHUR R. BROWN
DISTRICT ENGINEER

USGS(5) MCA(3) File