

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1395' FNL + 1295' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC 029405 a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA UNIT

8. FARM OR LEASE NAME
MCA

9. WELL NO.
309

10. FIELD OR WILDCAT NAME
GRAYBURG - SAN ANDRES

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 19 T. 17S R. 32E

12. COUNTY OR PARISH
LEA

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3969' DF

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) <u>CONV. TO INJ</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>

RECEIVED
FEB 3 1979

NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.*

CONDITIONS OF APPROVAL

IT IS PROPOSED TO CONVERT THE SUBJECT SHUT IN OIL WELL TO INJECTION.
THE CONVERSION OF THE WELL WAS APPROVED BY NMOCJ ORDER WFX-471.
SEE ATTACHED FOR THE PROPOSED PROCEDURE AND DIAGRAMS.
SEE ATTACHED FOR SURFACE USE PLAN

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wm A. Butterfield TITLE Admin. Supv DATE 1-4-79

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

USGS 5
PTRNS 4
FILE

APPROVED AS AMENDED
MAR 19 1979
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side