

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)Form approved,
Budget Bureau No. 42-R1491

5. LEASE DESIGNATION AND SERIAL NO.

LC 0295096

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
JUL 8. 2 18 AM '69

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

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 surface660' FSL & 660' FEL, Sec. 21, T-17S, R-32E
in Lea County, New Mexico

14. PERMIT NO.

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

4023 GL

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit 1, 2, 3

9. WELL NO.

90

10. FIELD AND POOL, OR WILDCAT

Malpaso Reservoir
(GSA) Pool11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 21, T-17S, R-32E

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:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐
☐
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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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☐
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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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 perti-
nent to this work.)*

Work has been Cancelled. If we decide to
Proceed with this work at a later date will
send in a new notice of intention report.

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

SIGNED

Robert Gault III

TITLE

Administrative Section Chief

DATE

6-18-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE