

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

COPY TO O. C. G.

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-058697 (b)
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 <u>Water Injection Well</u>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>Continental Oil Company</u>		8. FARM OR LEASE NAME <u>Lease B</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460, Hobbs, New Mexico 88240</u>		9. WELL NO. <u>3</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>685' FSL & 2050' FWH of Sec. 30</u>		10. FIELD AND POOL, OR WILDCAT <u>Mt. G-SB Lease</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <u>Sec. 30, T-17S, R-33E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>N. Mex</u>

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) <u>Convert to Injection</u> ☒	
(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.)*

This well was converted to a water injection well by the following procedure:

Cleaned out to 4380'. Treated open hole section w/1200 gal. 28% acid. Ran 2 3/8" tubing and packer, packer set @ 3508'. Placed well on injection.

18. I hereby certify that the foregoing is true and correct.
SIGNED Robert D. Daulton TITLE Division Office Manager DATE 12-3-73
(This space for Federal or State office use)

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

*See Instructions on Reverse Side

USGS-5, MCG-3, File