UNITED STATES SUBMIT IN TRIPLICATE*

Form approved.

DEPARTMENT OF THE INTERM GEOLOGICAL SURVEY	OR (Other instructions on reverse side) OR (Other instructions on reverse side) OR (Other instructions on reverse side) Stease designation and serial no. LC 031741 b
SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plug b Use "APPLICATION FOR PERMIT—" for such pa	
OIL X GAS OTHER	7. UNIT AGREEMENT NAME N.M. F. U.
. NAME OF OPENATOR	6. FARM OR LEASE NAME
Continental Oil Company	SEMU Permian
3. ADDRESS OF OPERATOR	9. WELL NO.
Box 460, Hobbs, New Mexico 88240	79
 LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) At surface 	N.M.F.U. Fleid
1980' FNL & 1980' FEL, Sec. 13, T-2	OS. R-37E. Skaggs Grayburg S.A.
	SURVEY OR AREA
Lea County, New Mexico	Sec. 13, T-20S, R-37
14. PERMIT NO. 15. ELEVATIONS (Show whether DF	
3564 *	Lea N.M.
Check Appropriate Box To Indicate N	lature 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
BHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING ABANDONMENT*
REPAIR WELL CHANGE PLANS	(Other)
(Other) Convert to Injection 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.) •

It is proposed to convert the above subject well to injection in connection with the Skaggs Pool Waterflood, using the following procedure:

Rig up, pull tubing.

- Start injection down casing. After well has pressured up, rig up, cleanout to T.D. of 3896' with water. Deepen 34' to new T.D. of 3930'.
- Run cement-lined tubing with injection packer, set @ 3677.

4. Resume water injection.

A subsequent report will be submitted upon completion of this work.

SIGNED De STATE Staff Supervisor	ратв 4÷10=67
(This space for Federal or State office use)	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE