

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injection Well</u>	7. UNIT AGREEMENT NAME <u>Southeastern Development</u>
2. NAME OF OPERATOR <u>CONTINENTAL OIL COMPANY</u>	8. FARM OR LEASE NAME <u>Sema Permian</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	9. WELL NO. <u>44</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>666 FS 4 WL Sec. 13</u>	10. FIELD AND POOL, OR WILDCAT <u>Skiggs Clayburg</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3552 DF</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 13 T-26S R-37E</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(Other) Temporary Shut-In ☒

(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.) *

Well was returned to injection after water flow problem
in area was corrected. Date returned to injection
11-28-77

RECEIVED

MAR 16 1978

S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

11565(5) NMFW(4) File

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

SIGNED

Paul A. Lee

TITLE

Administrative Supervisor

DATE

3-14-78

(This space for Federal or State office use)

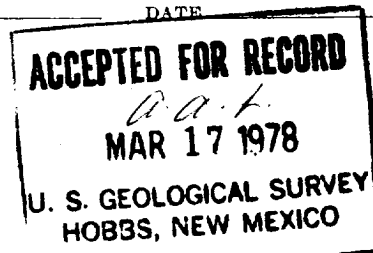
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side



RECEIVED

MAR 21 1978
OIL CONSERVATION COMM.
HOBBS, N. M.

UNION RE. 1167

1167
1167
1167
1167