

UNITED STATES OFFICE O. C. SUBMIT IN TRIPLICATE\*  
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)  
GEOLOGICAL SURVEY

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"/> Water Injection		5. LEASE DESIGNATION AND SERIAL NO. NM-0557686
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME NMEU
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL and 660' FEL, Sec. 14, T-20S, R-37E, Lea County, New Mexico.		8. FARM OR LEASE NAME SME Permian
14. PERMIT NO.		9. WELL NO. 45
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,555' D.F.		10. FIELD AND POOL, OR WILDCAT NMEU Field Skaggs Grayburg, S.A.
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T-20S, R-37E
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Convert to Injection <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

The subject well was converted to water injection for use in the Skaggs Pool Waterflood using the following procedure:

1. Pulled Model "D" packer and drilled out casing at 3500'
2. Cleaned out to 3916'.
3. Ran cement-lined tubing with packer set at 3750'

On test 5-7-67, injected 500 B.W. in 22 hours at 3500# pressure.  
Workover started 4-24-67. Completed 5-1-67

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

SIGNED Jose D. Stort TITLE Supervising Engineer DATE 6-8-67

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 ATL-Ros-2 CHEV-Mid-2 PAN AM-Hobbs-2