

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instruction
verse side)TE
reForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031620(2)

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 ☒ <i>Injection Well</i>	7. UNIT AGREEMENT NAME <i>Southeast Mesquite Unit</i>
2. NAME OF OPERATOR <i>CONTINENTAL OIL COMPANY</i>	8. FARM OR LEASE NAME <i>Serna Permian</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, N.M. 88240</i>	9. WELL NO. <i>14</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1480 FS x 660 FEL Sec. 24</i>	10. FIELD AND POOL, OR WILDCAT <i>Skaggs Gradyburg</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 24, T. 20S, R. 37E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3555 DF</i>	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>Nm</i>

16.

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

(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

11565(5) NMFW(4) File
18. I hereby certify that the foregoing is true and correct

SIGNED

Bruce H. Lee

TITLE

Administrative Supervisor

DATE

3-14-78

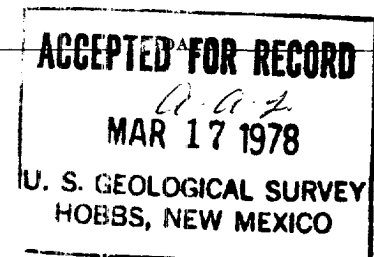
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side



7-11-78

MARCH 1 1978
EL CONSERVATION COMM.
HOBUS, N. M.