

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE
(Other Instructions
verse side)

COPY TO O. C. C.

Form approved.
Budget Bureau No. 4-100-101DESIGNATION AND NUMBER
LC-031696
H 42 AM '69

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>Water Injection Well</i>	7. UNIT AGREEMENT NAME <i>NAMU</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>SEMU EUMONT</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>52</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1980' FNL + 1980' FWL of Sec. 25, T-20S, R-37E, Lea County, N. Mex.</i>	10. FIELD AND POOL, OR WILDCAT <i>Eumont Yates 7 Pools</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 25, T-20S, R-37E</i>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3518' DF</i>	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N. MEX.</i>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	FULL 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) <i>Convert to water injection</i> ☒	
(Other) ☐			

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 water injection by the following procedure.

Perforated 3733' to 3740'; 3748' to 3754'; + 3766' to 3770' with one LSPF. Treated perfs with 1500 gals 15% LSTNE. Ran 2 3/8" cement lined tubing with packer. Set packer at 3560'. Work completed 12-10-67.

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

SIGNED

*Robert Gault III*TITLE *Adm. Section Chief*DATE *12-15-69*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS-5

FILE

ACCEPTED FOR RECORD

DEC 17 1969

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse