

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 031670 (a)

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

Injection Well

2. NAME OF OPERATOR

CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1480 F.S. & W.L. Sec. 19

7. UNIT AGREEMENT NAME

Southeastern Mountain Unit

8. FARM OR LEASE NAME

Sema Permian

9. WELL NO.

18

10. FIELD AND POOL, OR WILDCAT

Skaggs Clayburg

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 19, T-20S, R-38E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3551 DF

12. COUNTY OR PARISH

Lea

13. STATE

NM

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)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐Temporary Shut-In ☒

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

11563(5) NMFW(4) File

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

SIGNED

Ben R. 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

ACCEPTED FOR RECORD

MAR 17 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

100-100000-0
100-100000-0
CAL COMMUNICATION COMM.
SUNDS, N. M.