

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instruction:  
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>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 031670 (a1)</u>
2. NAME OF OPERATOR <u>CONTINENTAL OIL COMPANY</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>		7. UNIT AGREEMENT NAME <u>Southeast Mesquite Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1980 Fox 660 FWL, Sec. 19</u>		8. FARM OR LEASE NAME <u>Sena Permian</u>
		9. WELL NO. <u>28</u>
		10. FIELD AND POOL, OR WILDCAT <u>Skinner Grabberg</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 19, T. 20S, R. 38E</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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:		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporary Shut-In</u>	
(Other)		(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

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 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 \_\_\_\_\_

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD  
G. A. L.  
MAR 17 1978

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

172211378  
OIL CONDENSATION COMM.  
HOBBS, N. M.