Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No.

5. LEASE DESIGNATION AND SERIAL NO.: LC-031672

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

7. UNIT AGREEMENT NAME: SEMU

2. NAME OF OPERATOR: CONTINENTAL OIL COMPANY

8. FARM OR LEASE NAME: SEMU Penrose

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, N.M. 88240

9. WELL NO.: 32

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1,980' FNL & 1,980' FEL of Sec. 19

10. FIELD AND POOL, OR WILDCAT: Skaggs Grayburg

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.): 3552' RT

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	☐	PULL 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) Salt Loc			
(Other)				(NOTE: Report results of multiple completion on 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 returned to injection on February 26, 1975, after being shut in since November 20, 1973.

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

SIGNED _____ TITLE Division Office Manager DATE 4-15-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
APR 17 1975
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

USGS-5, NMOCC-4, File