

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other Instructions on
reverse side)

Form approved
Budget Bureau
5. LEASE DESIGNATION AND NO.
LC-031672-02
6. IF INDIAN, ALLOTMENT NO.

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
1,980' FNL & 1,980' FEL of Sec. 19

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3552' RT

7. UNIT AGREEMENT NAME
SE7M4

8. FARM OR LEASE NAME
SE7M4 Permian

9. WELL NO.
32

10. FIELD AND POOL, OR OTHER
Stager Permian

11. T., R., M., OR DEPT. SURVEY OR AREA
Sec. 19, T-20S, R-38E

12. COUNTY OR PARISH
Lea

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) <i>Shut In</i>	
(Other) ☐		(NOTE: Report results of multiple completion or 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 completion of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markets and pertinent to this work.)*

Well returned to injection on February 26, 1975, after being shut in since November 20, 1973.

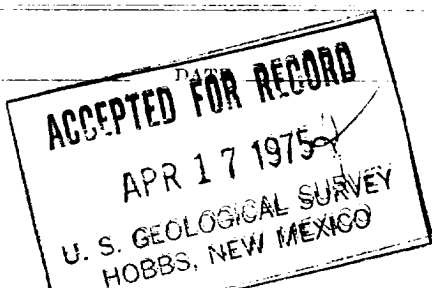
18. I hereby certify that the foregoing is true and correct

SIGNED *[Signature]* TITLE *Division Office Manager* DATE *4-15-75*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

USGS-5, NMFL-4, F.1