

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on 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"/> <i>Injection Well</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>LC 031670(a)</i>
2. NAME OF OPERATOR <b>CONTINENTAL OIL COMPANY</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 460, Hobbs, N.M. 88240</b>	7. UNIT AGREEMENT NAME <i>Southeast Mesquite Unit</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1480 FS &amp; 660 FEL Sec. 19</i>	8. FARM OR LEASE NAME <i>Sema Permian</i>
14. PERMIT NO.	9. WELL NO. <i>40</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3547 RT</i>	10. FIELD AND POOL, OR WILDCAT <i>Stages (Gibbsburg)</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 19, T. 20S, R. 38E</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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

(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 1978

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

11565(5) NM &amp; U(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

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAR 17 1978

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

CHIEF ASST. DIR.

1-1

100-1078  
OIL & MIN. COMM.  
HEBBS, N. M.