LC 031696(b)

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 [x] GAS WELL [ ] OTHER *Water Injection*

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
Box 460, Hobbs New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980 FSL and 660 FWL, Section 31, T-20S, R-38E, Lea County, New Mexico

7. UNIT AGREEMENT NAME
Eumont Hardy

8. FARM OR LEASE NAME
Eumont Hardy Unit

9. WELL NO.
15

10. FIELD AND POOL, OR WILDCAT
Eumont Multizone

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T-20S, R-38E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3500 DF

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) *Convert to water injection*			[X]
(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.)*

Cleaned out from 3761 - 3790, Ran GRN log from 2790 - 3790. Ran Cement lined tubing w/ packer set @ 3437. Placed well on injection.
Tested 1-31-68: Injected 665 BW @ 0# in 24 hrs.

USGS (6) Continental Hobbs (2) All Roy (2) Cities Serv (2) File

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

SIGNED *[signature]* TITLE *Adm Section Chief* DATE *4-26-68*

(This space for Federal or State office use)

APPROVED BY ______________ TITLE ______________ DATE ______________
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
[signature]
District Engineer

*See Instructions on Reverse Side