

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 03/696 (6)

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

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

660 F.W. 4 WL Sec. 31

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

3502 DF

7. UNIT AGREEMENT NAME

Eumoni Hardy Unit

8. FARM OR LEASE NAME

Eumoni Hardy Unit

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Eumoni Hardy 7 LWS

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 31, T-10S, R-30E

12. COUNTY OR PARISH 13. STATE

Lea NM

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 ☒

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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 6-30-77

RECEIVED

JUN 1978

REGIONAL SURVEY
HOBBS, NEW MEXICO

USGS (6) under (2) Partners (1) File

I hereby certify that the foregoing is true and correct

SIGNED Ben A. Roe

TITLE Administrative Supervisor DATE 3-14-78

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

G. G. +

MAR 17 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

100-100000

BAR 2-1578
OIL COMMISSION COMM.
HOBBS, N. M.