

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instruct
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030133(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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WATER INJECTION WELL	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY	8. FARM OR LEASE NAME SOUTH EUNICE UNIT
3. ADDRESS OF OPERATOR Box 460, Hobbs, N.M. 88246	9. WELL NO. 28
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FWL of SEC. 22	10. FIELD AND BOOL, OR WILDCAT SOUTH EUNICE SEVEN RIVERS QUEEN
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3514' DF
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 22, T. 22S, R. 36E
	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:

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) ☒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.)*

Pulled prod. eqpt. & tagged fill @ 3808' (bottom part @ 3796')
Ran Baker Model A Tension Pkr & set @ 3597', on cmt
lined tubing. Circ. treated pkr. fluid. Began injection
450 BWPD ON 7-17-74

This Waterflood authorized by NMOC Order #R-4068

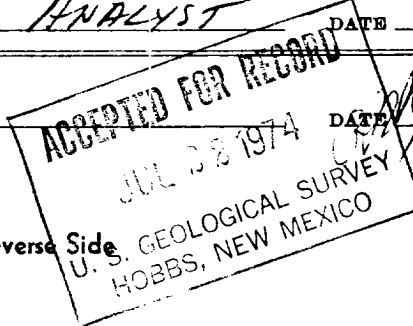
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE SR. ANALYST DATE 7-18-74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side

USGS-5 PARTNERS-21. File