

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIFOLIO
(Other instructions
verse 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>Water Injection Well</i>		5. LEASE DESIGNATION AND SERIAL NO. <i>LC-030133(6)</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, New Mexico 88240</i>		7. UNIT AGREEMENT NAME <i>N.M.O.C.</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1,980' FSL & 660' FEL of Sec. 22</i>		8. FARM OR LEASE NAME <i>South Goshute Unit</i>
14. PERMIT NO.		9. WELL NO. <i>24</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3,523' DF</i>		10. FIELD, AND POOL, OR WILDCAT <i>Goshute South River Basin South</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 22, T-22S, R-36E</i>
		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>N. Mex.</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <i>Convert to Injection</i>	<input checked="" type="checkbox"/>	(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.)*

It is proposed to convert this well to injection by:

- 1. Rig up, tag bottom and tally out.*
- 2. If fill is encountered above 3,784' Clean out to 3,800'.*
- 3. Run 2 3/8" cement lined tubing & packer, set packer at ± 3,600'.*
- 4. Place well on injection.*

This water-flood authorized by N.M.O.C. Order No. R-4068

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

SIGNED

Robert Gault

TITLE

Division Office Manager

DATE

1-4-74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

JAN 7 1974

*AKIMUR R. BROWN
DISTRICT ENGINEER*

*See Instructions on Reverse Side

USGS-5, Part 1-5-21, File