

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE
(On reverse side) OFFICE OF THEForm approved
Bureau of Land Management
LEASE DESIGNATION AND SERIAL NO.

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 ☒ <i>Water Inj. Well</i>	7. UNIT AGREEMENT NAME <i>NIMEU</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>SEMU EUMMAN</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>56</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1980' FSL + 660' FEL Sec. 25, T-20S, R-37E, Lea County, N. Mex.</i>	10. FIELD AND POOL, OR WILDCAT <i>Current gates 7 Rivers</i>
14. PERMIT NO.	11. SEC., T., R., or BLM. AND SURVEY OR AREA <i>Sec. 25, T-20S, R-37E</i>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3523' DF</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 ☐	FULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <i>Convert to water inj.</i> ☒	
(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.) *

This well was converted to water injection by the following procedure.

Run 2 3/8" cement lined tubing with packer and set packer at 3566'. Placed well on injections. Worked completed 12-8-67

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

SIGNED *Robert Gault* TITLE *Adm. Section Chief* DATE *12-15-69*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

USGS-5 FILE

ACCEPTED FOR RECORD
DEC 17 1969
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO