

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse 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"/> WATER INJECTION WELL		5. LEASE DESIGNATION AND SERIAL NO. LC 030133 (b)	
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 460, Hobbs, N.M. 88240		7. UNIT AGREEMENT NAME NMFU	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL OF SEC. 33		8. FARM OR LEASE NAME SOUTH EUNICE UNIT	
14. PERMIT NO.		9. WELL NO. 60	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3495' DF		10. FIELD AND POOL, OR WHOLCAT SOUTH EUNICE SEVEN RIVERS QUEEN	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 33 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:		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) <u>CONVERT TO INJECTION</u> <input checked="" type="checkbox"/>	
(Other) <input 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.)\*

Ran 2 3/8" cement lined tubing & set packer @ 3523' & placed well on injection. Tested injection rate @ 400 BWPD & 60 PSI. Work completed on 8-27-74.

This waterflood authorized by NMOC Order No. R-4068.

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

SIGNED

*[Signature]*

TITLE

SR. ANALYST

DATE

9-6-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5, Partners, File

\*See Instructions on Reverse Side

