Form 9-331 (May 1963)

UNIT STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLIC (Other instructions c verse side) Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO. 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

GEOLOGICAL SURVEY					
SUNDRY	NOTICES	AND	REPORTS	ON	WELLS

(Do not use this form Use	for proposals to drill or to deepen or plug back to a different reservoir. "APPLICATION FOR PERMIT—" for such proposals.)	
1.	^	7. UNIT AGREEMENT NAME
OIL GAS WELL	OTHER Water Injection Will	nmFU
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Continental	Dil Company	South burne ilsut
3. ADDRESS OF OPERATOR		9. WELL NO.
8. Ben 4-66	Hobbs New Merces 88240	60
4. LOCATION OF WELL (Report. See also space 17 below.)	location clearly and in accordance with any State requirements.	10. FIELD, AND POOL, OR WILDCAT
A + au mfa ao		Quesa South
1990 FSL 4 66	60' FEL of Sec. 33	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARDA
		Sec. 33 T-225 R-36E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STA.
	2005/75	hen Himan

Check Appropriate Box to Indicate Nature of Notice, Report, of Other Data					
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING WELL ALTERING CASING ABANDONMENT*	
REPAIR WELL	CHANGE PLANS	X	(Other) (Note: Report results of Completion or Recompletion	multiple completion on Well on 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 concert this well to injection by; 1. Rig up, tog battom and tally out.

2. If fell is encountered above 3,748; clean out to 3,761.

3. hun 2 48" Coment level tuling a packer, set packer at - 3585.

4. Place will on sometion

This waterflood authorized by MMAC Onler no. R-4068.

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18. I hereby certify that the foregoing is true and correct SIGNED KOUNT FALL TITLE PLICES	ion Office Menager DATE 1-4-74
(This space for Federal or State office use)	- AVED
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	APPROVE BATE

*See Instructions on Referse Side ARTHUR R. DISTRICT ENGINEER

USBS-5, Partners-21, File