

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.LC-030153 (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"/> <i>Water Injection Well</i>	7. UNIT AGREEMENT NAME <i>N.M.D.U.</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>South Service Unit</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>62</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>660' FSL of 1,980' FSL of Sec. 33</i>	10. FIELD AND POOL, OR WILDCAT <i>Service Unit Area</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 33, T-22S, R-36E</i>
15. ELEVATIONS (Show whether of, at, or above) <i>3,502' DE</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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <i>convert to injection</i>	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)*

It is proposed to convert this well to injection by:

1. Rig up, tag bottom and tally out.
2. If fill is encountered above 3,778', clean out to 3,809'.
3. Run 2 3/8" cement lined tubing & packer, set packer at \pm 3,600'.
4. Place well on injection.

This waterflood authorized by NMOCC 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 _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

USGS-S, Partners-26, File

APPROVED
JAN 7 1974
ARTHUR R. BROWN
DISTRICT ENGINEER