

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on 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"/> <b>Water Injection</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-030133 (K)</b>
2. NAME OF OPERATOR <b>Continental Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>Box 460 Hobbs, N. Mex</b>		7. UNIT AGREEMENT NAME <b>South Eunice</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>660' FNL and 660' FEL of Sec 29</b>		8. FARM OR LEASE NAME <b>South Eunice Unit</b>
14. PERMIT NO.		9. WELL NO. (Formerly Triplex) <b>33 (A-29 #6)</b>
15. ELEVATIONS (Show whether DF, RT, or ST, etc.) <b>3542' dx</b>		10. FIELD AND POOL, OR WILDCAT <b>Eunice 7-Block Oil and Gas</b>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 29, T-22S, R-36E</b>
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.)		12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>N. Mexico</b>

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) <input 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 checked="" type="checkbox"/> <b>Converting to injection</b>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Pulled producing equipment from well. Ran tension packer on 2 3/8" cement-lined tubing and set @ 3577' w/10 pts tension. Completed - 8-17-72

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

SIGNED Robert Gault TITLE Admin. Supervisor DATE 9-12-72

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 15 1972

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side

4565(5) S. Eunice Unit (22) File

RECEIVED

SEP 12 1972

OIL CONSERVATION COMM.  
HOBBS, N. M.