

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032573(2)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliot A-15

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Penrose Skelly Grayburg

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 15, T-22S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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 ☒ Convert to Injection

2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330' FSL & 400' FEL of Sec. 15

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3554' DF

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☒

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

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)*

Pulled producing equipment. Ran 2 3/8" cement lined tubing with 2"x7" ret. tension packer. Set pler @ 3347'. Injection started 5-17-74.

This WF auth. by NMOC Order # R-4630

I hereby certify that the foregoing is true and correct

SIGNED

for

Division Office Manager

DATE

6-10-74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

JUN 20 1974

GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

5-5, NMFU-4, File