

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPI
(Other instructions
verse side)FE-
re-Form approved.
Budget Bureau No. 42-P1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 062799 b

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 ☐ GAS WELL ☐ OTHER ☒ *Water Injection Well*

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

*Box 460, Hobbs, N. Mex.*4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface*1980' FNL & 1980' FWL of Sec. 19, T-26S,**R-32E, Lea County, N. Mex.*

14. PERMIT NO.

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

3185 DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Thompson Feb 19

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

*North Mason Pool*11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA*Sec. 19, T-26S, R-32E*

12. COUNTY OR PARISH

Lea

13. STATE

N. Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) *Convert to WIIW*

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☒(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 perti-
nent to this work.)

*This well was converted to a water injection well by
the following procedure:*

*Run 140 joints of 2 3/8" OD cement lined tubing.
Set tension packer at 4251'. Displaced annulus
with treated water. Well ready to inject water 11-25-68*

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DEC 1 1968

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER