

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instructions
reverse side)TE
re-Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-269515

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

*P.O. Box 460 Hobbs, New Mexico 88240*4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface*660' FSL & 1,980' FWH of Sec. 26*

14. PERMIT NO.

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

3,109' KB

8. FARM OR LEASE NAME

North Elmer Unit

9. WELL NO.

31

10. FIELD AND POOL, OR WILDCAT

*Elmer Reservoir*11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA*Sec. 26, T-26 S, R-32 E*

12. COUNTY OR PARISH

13. STATE

*Lea**N. Mex.*

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) ☒ *Convert to injection*PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐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.)

It is proposed to convert this well to injection by:

1. Pulling producing equipment from well.
2. Clean out any fill above 4,509' to TD 4641'.
3. Run cement lined tubing with packer; packer to be set at $\pm$ 4,440'.
4. Well to be placed on injection.

This work is authorized by N.M.O.C.C. Orders no. R-4629 & R-4630; both orders dated 9-13-73.

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

SIGNED

Robert Paul Lee

TITLE

Division Office Manager

DATE

3-14-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

[Signature]

*See Instructions on Reverse Side

USGS-S, Partners-15, Etc