

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

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
2. NAME OF OPERATOR <i>Continental Oil Company</i>		8. FARM OR LEASE NAME <i>North El Mer Unit</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 Hobbs New Mexico 88240</i>		9. WELL NO. <i>29</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FSL &amp; 660' FWL of Sec. 26</i>		10. FIELD AND POOL, OR WILDCAT <i>El Mer Delaware</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3,104' KB</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 26 T. 26 S. R. 32 E</i>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>N. Mex</i>

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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"/>	

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. Pulling producing equipment from well.*  
*2. Run cement lined tubing with packer; packer to be set at  $\pm 4,440'$ .*  
*3. Well to be placed on injection.*

*This waterflood 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 H. Smith*

TITLE *Division Office Manager* DATE *3-14-74*

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED  
22 1974  
R. BROWN

\*See Instructions on Reverse Side

*USGS-5, Partners-15, File*