

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions 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 ☐ GAS WELL ☐ OTHER ☒ <i>Water Injection Well</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>LC-068777</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, New Mexico 88240</i>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FNL & 660' FWL of Sec. 35</i>	8. FARM OR LEASE NAME <i>North El Mar Unit</i>
	9. WELL NO. <i>48</i>
	10. FIELD AND POOL, OR WILDCAT <i>El Mar Delaware</i>
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <i>Sec. 35, T-26S, R-32E</i>
14. PERMIT NO.	12. COUNTY OR PARISH <i>Lea</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3,106' DF</i>	13. STATE <i>N. Mex.</i>

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) *Convert to Injection* ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(Other) ☐

(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. Clean out any fill above 4,516' to TD 4,523'.
 3. Run cement lined tubing with packer; packer to be set at $\pm$ 4,430'.
 4. Well to be placed on injection.

This waterflood authorized by N.M.D.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 Gault*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 _____

*See Instructions on Reverse Side

USGS-5, Partners-15, File