Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on 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 Salt Water Disposal 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' FNL & EL, of Sec. 28, T-23S, R36E, in Lea County, N. Mex.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3931 DF

5. LEASE DESIGNATION AND SERIAL NO.
LC 030159(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
LYNN A-28

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Cooper - Jal

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T-23S, R36E

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Convert to SWD			☒
(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.)*

This well was converted to a salt water disposal well by the following procedure:

Pulled rods & pump, and started injecting water.

18. I hereby certify that the foregoing is true and correct
U.S.G.S.-5, Pan Am Hobbs 2, Atl. Res. 2, Cav Mid 2, File

SIGNED Robert Smith TITLE Administrative Section Chief DATE 12-11-68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
DEC 26 1968
A. R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side