

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.

LC-030139 (6)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection Well</u>		7. UNIT AGREEMENT NAME <u>Langlie Lynn</u>
2. NAME OF OPERATOR <u>CONTINENTAL OIL COMPANY</u>		8. FARM OR LEASE NAME <u>Langlie Lynn Unit</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>		9. WELL NO. <u>11</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FNL & 660' FEL of Sec. 27</u>		10. FIELD AND POOL, OR WILDCAT <u>Langlie Lynn Unit</u> <u>Blaine Queen</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3386' DF</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 27 T-23S R-2E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>N.M.</u>

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) ☐

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* ☐

Convert to Injection ☒

(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.)*

Reel producing tubing. Ran 2 3/8" "Salt" lined tubing with packer. Packer set @ 3517'. Placed well on injection.

Dates: Started 5-10-74, Completed 7-17-74, on injection 7-22-74

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

SIGNED S. K. Allwith

TITLE Alternate for

Division Office Manager

DATE 7-25-74

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

USBS-5, Partners-7, File

