

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030139 (b)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Water Injection Well</i>		7. UNIT AGREEMENT NAME <i>Leslie Ryan</i>	
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		8. PART OR LEASE NAME <i>Leslie Ryan Unit</i>	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240		9. WELL NO. <i>17</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FNL & 660' FWL of Sec. 26</i>		10. FIELD AND POOL, OR WILDCAT <i>Leslie Ryan</i>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3367' BR</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 26 T-235 R-36 E</i>	
		12. COUNTY OR PARISH <i>Lea</i>	
		13. STATE <i>N. Mex.</i>	

18. 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.)*

*Bullet producing equipment. Cleaned out to 3,693'.
Ran 2 3/8" "Salt" lined tubing with packer. Packer set
at 3,526'. Placed well on injection.*

Notes: Started 5-9-74, completed 7-18-74, on Injection 7-22-74

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

SIGNED

SKellum

TITLE

Alternate for
Division Office ManagerDATE *2-25-74*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

USGS-5, Partners-7, File