

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE STATE
(Other Instructions on Re-
verse side)Form approved
Budget Bureau No. 42-1-1424
5. LEASE IDENTIFICATION 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 each proposal.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME <i>Langlie Jacks</i>	
2. NAME OF OPERATOR <i>Continental Oil Company</i>		8. FARM OR LEASE NAME <i>Langlie Jacks Unit</i>	
3. ADDRESS OF OPERATOR <i>Box 460, Hobbs, New Mexico 88240</i>		9. WELL NO. <i>14</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>660' FSL + 1980' FEL, Section 20, T-24S, R-37E, Lea County, New Mexico.</i>		10. FIELD AND POOL, OR WILDCAT <i>Langlie Mattie</i>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3267' GL</i>	
		12. COUNTY OR PARISH <i>Lea</i>	13. STATE <i>NM</i>

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* ☐

(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 the well to water injection by the following procedure.

Clean out to 3593 and run Gamma Ray - Neutron and Caliper logs. Run cement lined tubing with packer set at approximately 3300 and tail pipe to 3583. Fill casing-tubing annulus with treated water. Place on injection.

USGS-5 Partners-15 file

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

SIGNED

Robert H. Smith

TITLE

Adm. Sec. Chief

DATE

8-23-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

AUG 28 1968

A. H. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side