Form 9-331
(May 1963)

U ED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR. ATE* (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 Convert to Injection

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' FSL & 660' FWL of Sec. 21, T-24S, R-37E, Lea County, New Mexico

5. LEASE DESIGNATION AND SERIAL NO.
LC-032326(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Langlie Jack Unit

8. FARM OR LEASE NAME
Langlie Jack Unit

9. WELL NO.
16

10. FIELD AND POOL, OR WILDCAT
Langlie Mattix 7 Rivers Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T24S, R-37E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3247' DF

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 Injection			☒
(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.) *

cleaned out to 3567' and ran 2 1/16" Plastic lined Tubing with Baker Model AD-1 Tension Packer, set at 3258', 10,000# tension, with Tail Pipe to 3528', Injected 200 BW in 24 hours with 800# wellhead pressure.

The Jalmat gas Zone is producing through 1 1/2" Tubing set at 3249'. Producing at the rate of 250 MCF per day.

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

SIGNED [signature] TITLE Adm. Supervisor DATE 10-5-70.

(This space for Federal or State office use)

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

USGS-5 FILE
NMFU Partners
L.J. Partners

*See Instructions on Reverse Side

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.

5. LEASE DESIGNATION AND SERIAL NO.: LC-032326(a)

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: Langlie Mattix Unit

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: Langlie Mattix Unit

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.: #6-1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL & 660' FWL, Section 21, T24S, R37E, Lea County, New Mexico

10. FIELD AND POOL, OR WILDCAT: Langlie Mattix Penrose

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 21, T24S, R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3247' DF

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 Injection		[X]		(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.)*

Clean out to 3567' if necessary. Run 3250' of 2 7/16" IT tubing with packer set at approx. 3250' with tension & tail pipe. Place this well on injection into the Langlie Mattix Lower Zone.

Limit injection pressure through 1 1/2" tubing and place on injection.

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

SIGNED W. E. Gallagher TITLE Adm. Supervisor DATE 7-24-70

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JUL 28 1970
ARTHUR R. BROWN
DISTRICT ENGINEER

USGS-5 FILE
NMFA Partners
L. J. Partners

*See Instructions on Reverse Side