

UNITED STATES
DEPARTMENT OF THE INTERIORSUBMIT IN THIS DATE
(Other instructions on reverse side)Form approved,
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

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 ☐		7. UNIT AGREEMENT NAME <i>Langle Jack</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>		8. FARM OR LEASE NAME <i>Langle Jack Unit</i>
3. ADDRESS OF OPERATOR <i>Box 460, Hobbs, New Mexico 88240</i>		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>330' FNL + 330' FEL, Section 29, T-24S, R-37E, Lea County, New Mexico.</i>		10. FIELD AND POOL, OR WILDCAT <i>Langle Mattel</i>
14. PERMIT NO.		11. SEC. T., E., N., OR BLK. AND SURVEY OR AREA <i>Sec. 29, T-24S, R-37E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3247' DF</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) *Convert to Water Injection* ☒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 if necessary and run Gamma Ray-Neutron log. Run tubing with packer set at approximately 3150'. Fill casing-tubing annulus with treated water. Place an injection.

USGS-5 Partners-13 File

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

SIGNED *Robert Gault*TITLE *Adm. Sec. Chief*DATE *8-23-68*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

APPROVED
AUG 28 1968
A. H. BROWN
DISTRICT ENGINEER