

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
verse 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

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
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
1980' FNL and 660' FWL of Sec 20

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3959' → df

5. LEASE DESIGNATION AND SERIAL NO.
LC 029405a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit 1

9. WELL NO.
51

10. FIELD AND POOL, OR WILDCAT
Malj G-SA Repress

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 20, T-175, R-32E

12. COUNTY OR PARISH
Lea

13. STATE
N. Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO :		SUBSEQUENT REPORT OF :	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) <u>Setting Casing</u> <input checked="" type="checkbox"/>		(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 repair the casing leak in this well by installing a new string of pipe as follows:
 Set 5 1/2" 11# casing at 3615'. Cement w/ 175 socks
 Class C cement w/ 490 gel plus 3/4 of 190 CFR-2.
 Followed w/ 100 socks class C cement w/ 3# salt and
 3# sand per sock plus 3/4 of 190 CFR-2.

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

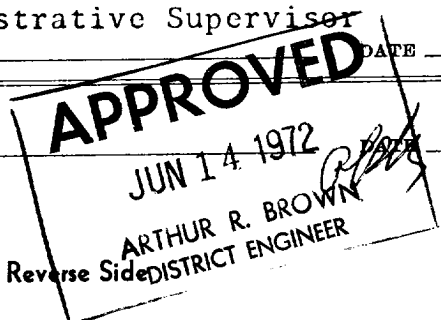
SIGNED [Signature] TITLE Administrative Supervisor DATE 6-12-72

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:
USGS (5) FILE MCA(3)

*See Instructions on Reverse Side



RECEIVED

JUN 27 1972

OIL CONSERVATION COMM.
HOBBBS, T. J.