

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-060199 (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 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

2615' FNL and 1345' FEL of Sec 29

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3945' 1st gr

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

319

10. FIELD AND POOL, OR WILDCAT

Mel's G-5A Reperm

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 29, T-175R-32E

12. COUNTY OR PARISH 13. STATE

Hobbs N. Mexico

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.)*

Set 5 1/2" 14# casing at 4125'. Cemented w/ 200 socks class C cement w/ 490 gel and 3# salt per sock. Followed w/ 150 socks class C cement w/ 3# salt, 3# sand and 1/4# floacle per sock.

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

SIGNED

Robert Gault

TITLE

Administrative Supervisor

DATE

8-9-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

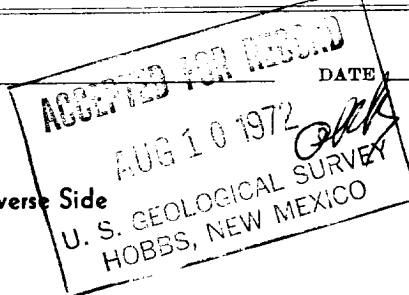
DATE

USGS (5)

FILE

MCA(3)

*See Instructions on Reverse Side



RECEIVED

APR 15 1970

OIL CONSERVATION COM. HOBBS, N. M.