

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 42-R1421

5. LEASE DESIGNATION AND SERIAL NO.

LC-052699

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

7. UNIT AGREEMENT NAME

MCA

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME

MCA Unit Bly 4

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

9. WELL NO.

187

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FSL & 660' FWD of Section 26, T-17S, R-32E
Sea County, New Mexico

RECEIVED
SEP 17 1970
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

10. FIELD AND POOL, OR WILDCAT

MCA G-SA Basin

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

Sec. 26, T17S, R32E

14. PERMIT NO.

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

3943 DF

12. COUNTY OR PARISH

Sea

13. STATE

N. Mex

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

Attempted to repair collapsed casing by running
an alignment tool and cementing. The job was unsuccessful,
therefore the well is shut in as of 9-14-70.

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

SIGNED

M. E. Williams

TITLE

Adm. Supervisor

DATE

9-16-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 FILE

M. E. Williams

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
SEP 17 1970
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO