

UNITED STATES
DEPARTMENT OF THE INTERIOR

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

Form approved.
Budget Bureau No. 42-R1424.

GEC 310 SURVEY

SUMMARY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill, deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit Battery 20
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N. Mexico	9. WELL NO. 28
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL and 1930' FEL Sec. 21, T-17S, R-32E, Lea County, New Mexico NMPM	10. FIELD AND POOL, OR WILDCAT Baish Malj. Pearsall Field Maljamar Pool
14. PERMIT NO.	11. SEC., T., R., M., OR B.L.R. AND SURVEY OR AREA Sec. 21-17-32
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4037 GL	12. COUNTY OR PARISH Lea
	13. STATE N.M.

18. 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.)*

Production casing is being replaced. Ran 132 jts.

(4,116) (B cond) 4 1/2" 9.5# J-55 casing and set @ 4,117. Cmtd W/200 sx cmt using 1# tuff plug /sx and (6) six centralizers and (18) eighteen scratchers. WOC. Tested csg W/1500# for 30 min. Top of cmt @ 2900 by temp survey. Tested O.K.

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

SIGNED ROBERT GAULT JR

TITLE Staff Supervisor

DATE 3-19-65

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

USGS-5, NMOCC-2, JM PARTNERS -16

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER