

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse 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 ☒ <i>Water injection</i>		7. UNIT AGREEMENT NAME <i>MCA</i>	
2. NAME OF OPERATOR <i>Continental Oil Company</i>		8. FARM OR LEASE NAME <i>MCA Unit #4</i>	
3. ADDRESS OF OPERATOR <i>Box 463 Hobbs New Mexico 88240</i>		9. WELL NO. <i>198</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1980 FSL + 660 FWL, Section 30, T-17S, R-33 E, Lea County, New Mexico</i>		10. FIELD AND POOL, OR WILDCAT <i>Mesa Pool</i>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 30, T-17S, R-33E</i>	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>4038 DF</i>		12. COUNTY OR PARISH <i>Lea</i>	
		13. STATE <i>N.M.</i>	

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) <i>Report to well completion</i> ☒	

(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.)

Cement out from 4262 - 4300. Drilled from 4300 - 4350 T.D. Ran GRN log 4350 - 3400. Ran Cement lined tubing. Casing set @ 3884. Check well on injection. Tested 2-16-68. Injected 500 BW @ 200# in 24 hrs.

U.S. Geological Survey
18. I hereby certify that the foregoing is true and correct

SIGNED *Kent Gault* TITLE *Area District Chief* DATE *4-25-68*

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 26 1968

*See Instructions on Reverse Side

J. L. GORDON
Acting District Engineer