

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-029509(B)

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 **WATER INJECTION**

2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR
Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FNL & 660' FEL of SEC. 22

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA UNIT #3

9. WELL NO.
36

10. FIELD AND POOL, OR WILDCAT
MAJ. G-SA REPRESS.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 22, T-17S, R-32E

14. PERMIT NO.

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

4007' U. DE. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

12. COUNTY OR PARISH 13. STATE
LEA N.M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other) **INSTALL LINER**

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

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.)

**IT IS PROPOSED TO SET A 300' LINER TO INCREASE THE EFFECTIVE INPUT IN MCA No. 36 AS FOLLOWS:
PLUG BACK IN OPEN HOLE TO 3820' w/SAND & SPOT 5-10' CAUSEAL CAP ON TOP TO ±3810'. CIRC. & SPOT 50 BBLs. GELLED BRINE OVER OPEN HOLE. SPOT 40 SX. CLASS "C" CMT. AT 3810'. RUN 280' OF 3 1/2" OD FS TUBING AS LINER & SET AT ±3810'. WOC 48 HRS. CLEAN OUT TO TOP OF 3 1/2" LINER. PRES. TEST TO 1000 psi. DRL. OUT LINER TO ±3815' & TEST TO 1000 psi. DRL. OUT & CLEAN OUT TO 3960'. RE-RUN INJECTION TBG. w/4 1/2" PKR. SET 2-5' ABOVE LINER TOP.**

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

SIGNED **Wm. A. Tuttle** TITLE **Admin. Supv.** DATE **4-12-76**

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

USGS (5), MCA (3), FILE

APR 19 1976
GEOLOGICAL SURVEY
DISTRICT ENGINEER