

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

REPRODUCE IN TRIPPLICATE  
(Other instructions reverse side)

BUDGET 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

2. NAME OF OPERATOR  
Continental Oil Company

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
1225' FNL & 1295' FWL by Sec. 26

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3975' GR (Est.)

5. LEASE DESIGNATION AND SERIAL NO.  
LC-061841

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
MCA

8. FARM OR LEASE NAME  
MCA Unit

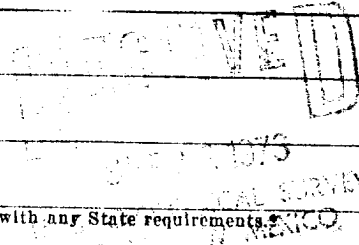
9. WELL NO.  
342

10. FIELD AND POOL, OR WILDCAT  
Maly's G-Sa Reservoir

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 26 T-175 R-32E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM



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

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:   |  |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                                 | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>                             | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                          | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <u>Setting Prod. String</u> <input checked="" type="checkbox"/> |  |
| (Other) <input type="checkbox"/>             |   |   |  |

(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 4,240'. Cemented w/430 sacks Class C Cement. T.O.C. @ 2,250'. P.B.D. @ 4,190'.

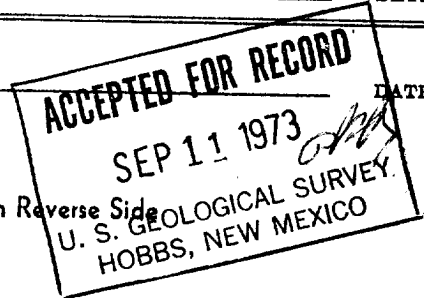
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Admin. Supervisor DATE 9-10-73

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side