

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 059002

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 Co.

3. ADDRESS OF OPERATOR
Box 460 Hobbs, N. Mexico

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

1980' FNL and 660' FWL of Sec 34

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit City

9. WELL NO.
229

10. FIELD AND POOL, OR WILDCAT
Malj G-SA Repress

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34 T-17S R-32E

14. PERMIT NO.

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

12. COUNTY OR PARISH 13. STATE
Lea N. Mex

16. 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.)*

Instead of squeezing to shut-off water in this well, it is proposed to run a liner.
Run 4 1/2" K-55, 10.23# casing to 4170' w/ float shoe and collar. Cement w/ 250 sacks class C cement.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Admin. Supervisor DATE 4-26-72

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAY 2 1972
[Signature]
DISTRICT ENGINEER

USGS(5) MCA(3) File

*See Instructions on Reverse Side

RECEIVED

MAY 19 1972

OIL CONSERVATION COMM.
HOBBS, N. M.