

Form 5-337
(May 1964)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATION
(Order Instructions on Form 5-337)

Form approved
Revised (10-10-66) (10-1-67) (1-1-68)

5. FIELD DESIGNATION AND LOCAL NAME

LC-029410 (6)

6. IF DESIGN, LOCATION OR OTHER NAME

MAR 3 1970

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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	MCA
3. ADDRESS OF OPERATOR	8. NAME OF LEASE NAME
P. O. Box 460, Hobbs, New Mexico 88240	MCA Unit Bty 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 11 below.) At surface	9. WELL NO.
50' FNL + 2635' FWL of Sec 30, T-17S, R-32E in Lea County, N. Mex.	106
14. PERMIT NO.	10. FIELD AND TREAT, OR ABBREVIATION
	11. SEC., T., R., M., QUAD, AND SURVEY OR AREA
15. ELEVATIONS (Show whether DT, RT, CR, etc.)	12. COUNTY OR PARISH
3950' DF	Lea
	13. STATE
	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)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and nodes pertinent to this work.)

On 1-30-70 this well was converted from gas inf. to producing by installing pumping equipment. Tubing was set at 3956'. on 2-17-70 tested - 40 Bbl + 11 BW in 24 hours.

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

SIGNED

TITLE Adm. Section Chief

DATE 2-27-70

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 FILE

*See Instructions on Reverse Side

