

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME MCA
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, NM 88240		9. WELL NO. MCA Unit #4 343
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2565' FNL & 2615' FWL of Sec. 26		10. FIELD AND POOL, OR WILDCAT MCA G-SA REXA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3970' GR	11. SEC, T., R., M., OR BLK. AND SURVEY OR AREA Sec 26 T-17S 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:

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.) *

Spudded 12 1/4" hole on 8-1-73 and drilled to 930'. Set 8 5/8" 20# Csg. at 930', and cemented with 500 sacks Class 'C' cement. Circulated cement to surface. Drilled Csg. with 1,000#, held O.K.

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

SIGNED Shy Bynum

TITLE Admin. Supervisor

DATE 10-15-73

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

USGS-5 FILE MCA-3