

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions  
reverse side)

CD  
TC

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"/>                                                                                                                                                                                                           |                                                                   | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>CC 060329</b>                            |
| 2. NAME OF OPERATOR<br><b>Continental Oil Company</b>                                                                                                                                                                                                                                                                      |                                                                   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                               |
| 3. ADDRESS OF OPERATOR<br><b>P. O. Box 460, Hobbs, New Mexico 88240</b>                                                                                                                                                                                                                                                    |                                                                   | 7. UNIT AGREEMENT NAME<br><b>MCA</b>                                               |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><b>40' FSL &amp; 40' FEL</b>                                                                                                                                                     |                                                                   | 8. FARM OR LEASE NAME<br><b>MCA Unit</b>                                           |
| 14. PERMIT NO.                                                                                                                                                                                                                                                                                                             | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>4042' DF</b> | 9. WELL NO.<br><b>14</b>                                                           |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data                                                                                                                                                                                                                                              |                                                                   | 10. FIELD AND POOL, OR WILDCAT<br><b>MAL-6-5A-Repress</b>                          |
| 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.) |                                                                   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>Sec. 17, T. 17S, R. 32E</b> |
|                                                                                                                                                                                                                                                                                                                            |                                                                   | 12. COUNTY OR PARISH 13. STATE                                                     |

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             |                          |                      |                          |

SUBSEQUENT REPORT OF:

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (Other)               |                          |                 |                          |

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

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

Status of Well: **Shut-In**

Approximate date that temp. aban. commenced: **5-4-71**

Reason for temp. aban.: **Uneconomic**

Future plans for well: **Holding for possible future use in MCA Unit Waterflood**

Approximate date of future W. O. or plugging: **Indefinite**

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

SIGNED **B. Dillman**

TITLE **Asst. Sup. Asst.**

DATE **10-27-75**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**USGS (S) MCA (B) file**

\*See Instructions on Reverse Side

NOV 10 1975