

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 2 COPIES
(Only in triplicate for 10
copies)

Form approved
Bureau of Reclamation, May 11, 1964
5. TRAIL DESIGNATION AND LOCATION
LC-029509(2)
6. IF DESIGN, ADDRESS OF TRAIL

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 ☒ <i>Water Injection well</i>	7. UNIT AGREEMENT NAME <i>MCA</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. NAME OF LEASE NAME <i>MCA Unit</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>42</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1650' FNL 4330' FEL of Sec. 21</i>	10. FIELD AND FOOT, OR WILDCAT <i>Mch. C-SA Reconn.</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether EV, EL, OR, etc.) <i>4015' DF</i>
12. COUNTY OR PARISH <i>Lea</i>	13. STATE <i>N. Mex.</i>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	FULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(Other) *Plug back in same zone* ☒ (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 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.)

It is proposed to spot a 25 sack cement plug in the open hole section from approx 4135' (TD) to 4040'. Plug well back on injection.

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

SIGNED *M.E. Yorkley* TITLE *Adm. Section Chief* DATE *5-15-70*

(This space for Federal or State office use)

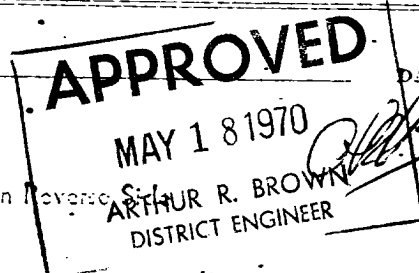
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 FILE

MCA Partners

*See Instructions on Reverse



RECEIVED

MAY 10 1970

OIL CONSERVATION COMM.
HOBBS, N. M.