

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029509 a

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Nov 16 2 44 PM '65 Injection Well | | 7. UNIT AGREEMENT NAME MCA |
| 2. NAME OF OPERATOR Continental Oil Company | | 8. FARM OR LEASE NAME MCA Unit |
| 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico | | 9. WELL NO. 70 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FEL of Section 21, T-17S, R-32 E, Lea County, New Mexico, NMPM. | | 10. FIELD AND POOL, OR WILDCAT Baish-Maljamar Pearsall Fld. Maljamar Pool |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4044 DF | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-21, T-17S, R-32E |
| | | 12. COUNTY OR PARISH Lea |
| | | 13. STATE N.M. |

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

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) Cleanout & Drill | <input checked="" type="checkbox"/> |

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.)

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.)*

Because of sand fill, we respectfully request permission to cleanout subject well to PBD 4,086, and to drill to TD 4,144. Upon completion, this well will be connected for water injection.

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

SIGNED John E. Rachel Jr TITLE Staff Supervisor DATE 11-11-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS-5, File-1

*See Instructions on Reverse Side

APPROVED

NOV 15 1965

J. L. GORDON
ACTING DISTRICT ENGINEER