

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved:
Budget Bureau No. 42-R1121

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐ JUN 7 1971

2. NAME OF OPERATOR U. S. GEO. SURVEY
Continental Oil Company HOBBS, NEW MEXICO

3. ADDRESS OF OPERATOR
Box 460 Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL and 660' FWL of Sec 22

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3998' DF

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

30

10. FIELD AND POOL, OR WILDCAT

Maj G-SA Report

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec-22, T-17S, R-32E

12. COUNTY OR PARISH 13. STATE

Lea 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) Setting plug in OH ☒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.)

Rigged up on 5-23-71 and attempted to spot
cement plug in open hole. Unable to pull
tubing. Shut well in.

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

SIGNED M. E. GunkleyTITLE Admin. SupervisorDATE 6-4-71

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

USGS(5) MCA(3) File

*See Instructions on Reverse Side

JUN 8 1971
U. S. GEO. SURVEY
HOBBS, NEW MEXICO

RECEIVED

JUN 15 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**