Form 9-331 (May 1963)

SHOOT OR ACIDIZE

REPAIR WELL

UNITED STATES

ABANDON*

CHANGE PLANS

SUBMIT IN TRIPLICATE*

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

		Form a	pprov	eđ.		
		Budget	Bure	au N	o. 42 –	R142-
5.	LEASE	DESIGN	ATION	130	SERIA	r No

ALTERING CASING

ABANDON MENT*

RTMEN	F	THE	INTERIOR	(Other instructions verse side)	0"	١
GFOL C	GICA	112 12	RVFY			

DEPARTMEN FINE INTERIO	JR verse side) 5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY	LC-029509(b)
SUNDRY NOTICES AND REPORTS Of the control of the co	ck to a different reservoir.
OIL GAS OTHER WELL STEE	ction 7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Continental Oil Company	MCA Unit
3. ADDRESS OF OPERATOR	9. WELL NO.
Box 460 Hobbs, New Mexico 88240	
4. LOCATION OF WELL (Report location clearly and in accordance with any S	tate requirements. 10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	Frali G. CA Pana
	THE STATE OF THE PERSON OF THE
11.1/-1 0 100 1 100 100	11. SEC. (T., R., M., OR BLK. AND SURVEY OR AREA
660 FSL and 1980 FWL of S	ec 12
	Sec 27, T-175, R-32E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF,	
4007	c of Kea Nillexica
16. Check Appropriate Box To Indicate No.	sture of Notice Report or Other Data
	and of Monte, Report, of Other Bala
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) ALL 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.)*

Set 4'z'; 9.5 # cosing at 3778'. Cement W/275 socks of Class C cement. Diell out plug to 3780' and pressure that to 750psi.

18. I hereby certify that the foregoing is true and correct SIGNED LUN JANUATION	Administrative Supervisor	7-24-72
(This space for Federal or State office use)	OVE	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	APPROV DA	ATE
usca(5) file mcA(3) *5	JUL 2 6 1972 JUL 2 6 1972 ARTHUR R. BROW DISTRICT ENGINEER	