

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other Instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029509 (6)

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 ☒ <i>Water Injection Well</i>	7. UNIT AGREEMENT NAME <i>MCA</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>MCA Unit 17, 2</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, NM 88240</i>	9. WELL NO. <i>74</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <i>At surface</i>	10. FIELD AND POOL, OR WILDCAT <i>Moly. G-SA Repress.</i>
<i>1980' FS & EL of Sec. 22</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 22, T-17S, R-32E</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3993' DF</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	FILL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) <i>Install Casing</i>	☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(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.)*

It is proposed to install 3720' of 4 1/2" casing and cement with 325 sacks class "C" cement, in order to cut down on water loss to non-pay intervals.

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

SIGNED

*[Signature]*TITLE *Admin. Supervisor*

DATE

9-18-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

SEP 19 1973

ARTHUR R. BROWN
DISTRICT ENGINEER

DATE

*See Instructions on Reverse Side