

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
LC-029509 (b)
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <i>MCA</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>MCA Unit 1</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, NM 88240</i>	9. WELL NO. <i>72</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>Mali G-SA Repress.</i>
14. PERMIT NO. <i>1980' FSL & 660' FWC of Sec. 22</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 22, T-17S, R. 32E</i>
15. ELEVATIONS (Show whether DS, RT, GR, etc.) <i>4016' GL</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 <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) <i>Install Casing</i>	<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) <input type="checkbox"/>	

(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 3725' of 4 1/2" 9.5# J-55 casing after running OH packer & treating 4070'-4102' and 3945'-3960' with 1000 gals 28% acid each. Casing will be cemented with 350 sacks Class "C" cement. Place well back on injection status.

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

SIGNED *[Signature]*TITLE *Admin. Supervisor*DATE *9-21-73*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
SEP 24 1973
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5 FILE *MCA-3*