

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

3. LEASE DESIGNATION AND SERIAL NO.

LC-058699 (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 CONTINENTAL OIL COMPANY	8. FARM OR LEASE NAME <i>MCA Unit</i>
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. <i>31</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>660' FNL & 660' FWL of Sec. 23</i>	10. FIELD AND POOL, OR WILDCAT <i>McG. G-SR R. 32E</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4,129' DF</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N. Mex.</i>

18.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETION ☐SHOOT OR ACIDIZE ☐ABANDON* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) *Water Shut-off*☒

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 perform a water shut-off log: Perf.
3,635' - 3,638' w/2 JSPP. Set ret. BP @ 3660' w/10' sand on top.
Set retainer at 3,570' and squeeze perfs. w/150 sacks class
"C" cement. Drill out retainer & cement plug, test casing.
Clean sand off BP & pull BP. Place well back
on injection.

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

SIGNED

SKellum

TITLE

*Alternate for
Personnel Office Manager*DATE *3-23-74*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MS

*See Instructions on Reverse Side

USGS-5, MCA-3, File-