

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R1421

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 ☐	7. UNIT AGREEMENT NAME <i>MCA</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>MCA Unit</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>129</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 & 1980' FWL</i>	10. FIELD AND POOL, OR WILDCAT <i>MALJ 6SA Repress</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARRA <i>Sec 25, T-17S R-31E</i>
15. ELEVATIONS (Show whether OF, RT, CR, etc.) <i>4023' GL</i>	12. COUNTY OR PARISH <i>LEA</i>
	13. STATE <i>NM</i>

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) ☐

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.)

Status of Well: *Shut-In*

Approximate date that temp. aban. commenced: *12-1-71*

Reason for temp. aban.: *Uneconomic*

Future plans for well: *Holding for possible future use in MCA Unit Waterflood*

NOV 1 1976

Approximate date of future H. O. or plugging: *Indefinite*

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

SIGNED *B. Gillespie*

TITLE *Asst. Staff Asst.*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS(5) MCA(3) file

*See Instructions on Reverse Side

NOV 10 1975

APPROVED BY *[Signature]*
DATE *10-27-75*