

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions on re-
verse side)Form Approved
Budget Bureau No. 42 R1124.

5. LEASE DESIGNATION AND SERIAL NO.

44-058697 (4)

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 ☐	7. UNIT AGREEMENT NAME MCA Unit
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit #4
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico	9. WELL NO. 129
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL + 1980' FNL of Sec. 25, T-17S, R-32E, Lea County, New Mexico.	10. FIELD AND POOL, OR WILDCAT MCA Unit - Sec. 25, T-17S, R-32E
14. PERMIT NO.	11. SEC., T., R., M., OR B.L. AND SURVEY OR ALFA Sec. 25, T-17S, R-32E
15. ELEVATIONS (Show whether to, from, or, etc.) 4023' GL	12. COUNTY OR PARISH 13. STATE Lea N.M.

16. 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 COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

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.)

Cleaned out from 4000' to 4210'. Drilled a new hole to 4230' with 4 3/4" bit.
Shot open hole, 4230 - 4014 w/660 gts gelatinous nitro.
Ran grad. equip. Placed well on production.

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

SIGNED M. E. GandyTITLE Administrative Supervisor DATE 12-31-70

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

U.S. (5) File
MCA (2)

TITLE _____

ACCEPTED FOR RECORD

JAN 4 1971

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO