

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R14245. LEASE DESIGNATION AND SERIAL NO.  
**LC-058697(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <b>MCA Unit Rep.</b>
2. NAME OF OPERATOR <b>Continental Oil Company</b>	8. FARM OR LEASE NAME <b>MCA Unit</b>
3. ADDRESS OF OPERATOR <b>P. O. Box 460, Hobbs, New Mexico 88240</b>	9. WELL NO. <b>193</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>2615' FSL + 2615' FEL of Sec. 25</b>	10. FIELD AND POOL, OR WILDCAT <b>Maj. Rep. G-SA</b>
14. PERMIT NO.	11. SEC. T., R., M. OR BLK. AND SURVEY OR AREA <b>Sec. 25, T-17S, R-32E</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3994' DF</b>	12. COUNTY OR PARISH <b>Lea</b>
	13. STATE <b>NM</b>

## 16. 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: **2-21-68**Reason for temp. aban.: **uneconomic**Future plans for Well: **remedial job pending**

NOV 1 1975

Approximate date of future W. O. or plugging: **3<sup>rd</sup> qtr. 1975**

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

SIGNED **Robert J. Sims**TITLE **Division Office Manager**DATE **10/30/74**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED

NOV 1 1974

JIM SIMS

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

USGS-5 MCA(3) File