

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 2 PLACES
(Other instructions on reverse side)

Form approved
Project Engineer No. 45-1112
5. LEASE DESIGNATION AND SERIAL NO.
LC-058697 (A)
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.)

3. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR Continental Oil Company	8. FIRM OR LEASE NAME MCA Unit
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 128
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1345' FNL + 1345' FNL of Sec. 25, T-17S, R32E Sea County, New Mexico	10. FIELD AND POOL, OR WILDCAT Mch. G-SA Reservoir
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. LAND SURVEY OR AREA Sec. 25, T-17S, R32E
15. ELEVATIONS (Show whether DE, BY, OR, etc.) 4014' DF	12. COUNTY OR PARISH Sea
	13. STATE N. Mex.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	FULL OR ALTER CASING ☐	WATER SHUT-OFF ☒	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☒	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(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.)

This well was treated with 20,000 gals. gelled G-SA water and 30,000# of 20-40 sand. Restored to production and pumped 24 BO + 12 BW in 24 hrs.

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

SIGNED *M. E. Gaskley*

TITLE **Adm. Section Chief**

DATE **7-20-70**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 FILE

*See Instructions on Reverse Side

