

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. LC-030437(a)	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 460 Hobbs N.M. 88240		7. UNIT AGREEMENT NAME MCA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660' FEL OF Sec. 26		8. FARM OR LEASE NAME MCA Unit	
14. PERMIT NO.		9. WELL NO. 141	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4008' DF		10. FIELD AND POOL, OR WILDCAT M/L J. G-SA Repress	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-17S, R-32E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Water Shut off	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 correct a Water Loss around the 4 1/2" casing shoe as follows:
Clean out to TD-4275', Spot For Gravel and Sand in open Hole to 4035' with 5' Calseal cap on top to 4030'.
Run Tbg with Squeeze Pkr and set in 4 1/2" CSG AT 3900'.
Squeeze CSG shoe w/1000 Gals Halliburton's PWG and Shut in For 24 Hrs. Drill out PWG to TOP OF Calseal cap and Pressure Test to 1000 PSI. Drill out & CO to TD. Re Run Injection Tbg. + Pkr and Return the well to Injection.

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

SIGNED

Wm. G. Rutherford TITLE **Admin. Super.**

DATE

10-8-76

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVE

OCT 13 1976

DATE

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5, MCA 4, File