

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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 <u>Water Injection Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-030437 (6)</u>
2. NAME OF OPERATOR <u>Continental Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460, Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME <u>MCA</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1980' FNL & 660' FEL of Sec. 26</u>		8. FARM OR LEASE NAME <u>MCA Unit 141</u>
14. PERMIT NO.		9. WELL NO. <u>141</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4,008' DF</u>		10. FIELD AND POOL, OR WILDCAT <u>MCA G-5A Reservoir</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 26 T-175 R-32E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>N. Mex.</u>

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) Install casingPULL 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.)*

It is proposed to install 4,015' of 4 1/2" 9.5# J-55 casing after running OH packer and treating 4,200'-4,275' w/1000 gals. 28% HCL-NE Acid. Casing will be cemented with 350 sacks of Class "C" cement. Cement lined injection tubing and packer will be re-run and well placed back on injection.

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

SIGNED Robert PaulTITLE Division Office ManagerDATE 1-23-74

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-5, MCA-3, File