

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-21121

5. LEASE DESIGNATION AND SERIAL NO.

LC 058 408 (a)

6. 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 ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1980' FNL and 1980' FEL of Sec 26

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

N/A

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit # 4

9. WELL NO.

142

10. FIELD AND POOL, OR WILDCAT

Mali 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. Mex

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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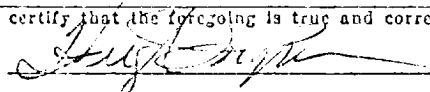
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Reference is made to our previous intent which was approved by your office on 6-22-71. Casing was tested from surface to 3600' w/1000 # and no leak was found. Please cancel this intent because the other proposed work mentioned in it will not be done.

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

SIGNED



TITLE Administrative Supervisor

DATE

10-8-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) File

MCA(3)

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

OCT 12 1971

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

OCT 10 1971

OIL CONSERVATION COMM.
HOUSTON, TEX.