(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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 ☐ GAS WELL ☐ OTHER Water Injection

2. NAME OF OPERATOR: Continental Oil Company

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, N. M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL & 1980' FEL of Sec 26, T-17S, R-32E, Lea County, N. M.

5. LEASE DESIGNATION AND SERIAL NO.: LC-058408(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: MCA Unit Agr.

8. FARM OR LEASE NAME: MCA Unit

9. WELL NO.: 189 Bty 4

10. FIELD AND POOL, OR WILDCAT: Buly. G-SA Pool

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.

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3936 DF

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐				
(Other) Shut off Water - Repair Casing	☒			(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.)*

It is proposed to test for casing leak. When found squeeze hole w/150 sks cement. Test squeeze. Re-run cement lined tubing, packer and place well back on injection. Work to begin upon approval.

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

SIGNED J. W. Hoover TITLE Administrative Supv DATE 4-22-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS(5) MCA(3) File

APPROVED
APR 23 1971
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side