

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

*LC 058699*

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.)

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

14. PERMIT NO.

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

*660' FSL & 660' FVWL of Sec. 26*

7. UNIT AGREEMENT NAME

*MCA*

8. FARM OR LEASE NAME

*MCA Unit 1st 4*

9. WELL NO.

*202*

10. FIELD AND POOL, OR WILDCAT

*Maj. B-5A Region*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

*Sec. 26, T-17S, R-32E*

12. COUNTY OR PARISH 13. STATE

*Lea NM*

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

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING

REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(Other)

(Other) *Shut in*

(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.)\*

Status of Well: *Shut in*

Approximate date that temp. aban. commenced: *10-14-74*

Reason for temp. aban.: *Uneconomic*

Future plans for Well: *remedial job pending*

Approximate date of future W. O. or plugging: *4th Quarter 1976*

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

SIGNED

*Robert J. ...*

TITLE

*Division Office Manager*

DATE

*1-2-75*

(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, F:le

*[Signature]*