

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions: reverse side)COPY TO B.C.C.
North American
Budget Bureau No. 12-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to different levels. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WATER INJECTION	5. LEASE DESIGNATION AND SERIAL NO. LC 057210
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME MCA
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' FSL & 1980' FEL OF SEC. 27	8. FARM OR LEASE NAME MCA UNIT 143
14. PERMIT NO.	9. WELL NO. 184
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT MALJ. G-SP REPRESS.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 27, 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:		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) ☐	
(Other) INSTALL CASING	X	(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.)*

Due to loss of water to non-pay intervals, the following work is proposed:

Run 4 1/2" 10.23# K-55 casing & set @ 3835'.
Cement w/ 150 sks. Class "C" Cement. Pressure test to 1000#. Squeeze if necessary & clean out to TD 4180'. Set cement lined tubing @ ± 3780' & place back on injection.

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

SIGNED

(This space for Federal or State office use)

TITLE

TITLE

DATE

DATE

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:APPROVED
OCT 25 1974ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5, MCA-3, File