

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions (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 ☐ GAS WELL ☐ OTHER ☒ *Water Injection*

2. NAME OF OPERATOR  
*Continental Oil Company*

3. ADDRESS OF OPERATOR  
*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' FSL and 660' FWL of Sec 27*

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
*3979' gr*

5. LEASE DESIGNATION AND SERIAL NO.  
*LC-057210*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
*MCA*

8. FARM OR LEASE NAME  
*MCA Unit*

9. WELL NO.  
*180*

10. FIELD AND POOL, OR WILDCAT  
*Mali G-SA Repr*

11. SEC., R., M., OR BLK. AND SURVEY OR AREA  
*Sec 27, T-175, R-32E*

12. COUNTY OR PARISH  
*Lea*

13. STATE  
*N. Mexico*

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <i>set liner</i>	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)

*Set 4 1/2", 9.4# liner at ± 3823'. Cement w/ 100 sacks Class C cement. Wait on cement 24 hours. Drill out plug 2-3' below shoe and pressure test to 750 psi.*

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

SIGNED *Robert Paul*

TITLE *Administrative Supervisor*

DATE *7-24-72*

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS (5)

FILE

*MCA(3)*

\*See Instructions on Reverse Side

