

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-057210

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

Water Injection

7. UNIT AGREEMENT NAME

MCA

2. NAME OF OPERATOR

Continental Oil Company

8. FARM OR LEASE NAME

MCA Unit 13

3. ADDRESS OF OPERATOR

Box 460 Hobbs, New Mexico 88240

9. WELL NO.

180

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

Mojave-SA Repress

1980' FSL and 660' FWL of Sec 27

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

Sec 27, T-175, R-32E

14. PERMIT NO.

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

3979' gr

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:

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)

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

(Other) set liner

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

Administrative Supervisor

DATE

7-24-72

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

USGS (5)

FILE

MCA(3)

*See Instructions on Reverse Side

APPROVED
JUL 26 1972
ARMUR R. BROWN
DISTRICT ENGINEER