

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form Approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC-059210

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 ☒ <i>Injection Well</i>	7. UNIT AGREEMENT NAME <i>MCA Unit</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>MCA Unit #43</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>180</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FSL + 660 FWL of Sec. 27, T-17S, R-32E, Lea Co., N.M.</i>	10. FIELD AND POOL, OR WILDCAT <i>Mch. Leasing S.A.</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLE AND SURVEY OR AREA <i>Sec. 27, T-17S, R-32E</i>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3979'</i>	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N.M.</i>

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 ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)

*This well was cleaned out from 4062 - 4091'.
Drilled new 4 3/4" hole from 4091' to new TD 4170'.
Spotted acid over new hole 4091-4170'. Acidized
OH with 3000 gals 15 PC LSTNE acid.
Ran prod equipment and placed well
on injection.*

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

SIGNED

W.M. Lawrence

TITLE

Adm. Supervisor

DATE

12-14-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 FILE

MCA Partners (3)

*See Instructions on Reverse Side