

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-057210
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 460 Hobbs, N. Mexico		7. UNIT AGREEMENT NAME MCA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 1295' FSL and 2615' FEL of Sec 27		8. FARM OR LEASE NAME MCA unit
14. PERMIT NO.		9. WELL NO. 183
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3935'		10. FIELD AND POOL, OR WILDCAT Maly G-SA Repress
		11. SEC. T., R., E., OR BLK. AND SURVEY OR AREA Sec 27, T-125R-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) deepen 130' <input checked="" 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.) *

It is proposed to deepen and stimulate this well by the following procedures: Clean out any fill and drill out to new TD of 4205'. Acid free OH w/ 5500 gals 28% HCL-NE odd.

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

SIGNED

Robert Gault

TITLE

Admin. Supervisor

DATE

2-2-73

(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 File