

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI DATE
(Other instructions on re-
verse side)Form 9-311
Budget Year No. 42-11121

5. LEASE DESIGNATION AND SERIAL NO.

LC 057210

6. IF INDIAN, ALLEUTIAN OR TRIBAL 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 ☐	7. UNIT AGREEMENT NAME MCA Unit
2. NAME OF OPERATOR Continental Oil Co.	8. FARM OR LEASE NAME MCA Unit
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico	9. WELL NO. 117
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FFL, Sec. 28, T-17S, R-32E, Lea, Co., New Mexico	10. FIELD AND POOL, OR WELLS Margaret D-24
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4000' DF
	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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

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.)*

It is proposed to clean out well to PBD of 4089'. Trace w/45,000 gals of gelled wtr., 67,500^{##} sand in 3 equal stages. Restore the well to production.

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

SIGNED

M. E. Yeakley

TITLE

Administrative Asst.

DATE

11-25-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USDS (5) File
MCA Partners (3)

*See Instructions on Reverse Side