

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WATER INJECTION WELL	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY	8. FARM OR LEASE NAME MCA UNIT
3. ADDRESS OF OPERATOR Box 460, Hobbs, N.M. 88240	9. WELL NO. 150
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL OF SEC. 28	10. FIELD AND POOL, OR WILDCAT MALJ G-SA REPRESS
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4003' GR.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 28, T-17S, R-32E
	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 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.)*

It is proposed to repair an apparent casing leak by the following procedure: Set bridge plug 30-40' below leak. Set cmt. retainer 100' above leak & squeeze w/100 sks. Class "C" cmt. Drill out cmt. & press. test to 1000#. Re-squeeze if necessary. Clean out to TD & re-run injection tubing. & pkr.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

4565-5, MCA-4, File

pkr