

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC.
(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 ☐ GAS WELL ☐ OTHER ☒ *Water Injection*

2. NAME OF OPERATOR *Continental Oil Co*

3. ADDRESS OF OPERATOR *Box 460 Hobbs, N. Mexico*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FSL and 660' FWL of Sec 28

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3959' df

5. LEASE DESIGNATION AND SERIAL NO.
LC-057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit

9. WELL NO.
175

10. FIELD AND POOL, OR WILDCAT
Maly G-SA Repress

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. Mex

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) *Install 4 1/2" casing* ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

(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.) *

Plug back in open hole to 3790' w/ pea gravel. Set 4 1/2", 10.23# casing at 3790' w/ 100 socks class C Cement. Drill out plug to \pm 3' below casing and pressure test to 700 psi.

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

SIGNED *ME* TITLE *Admin. Supervisor* DATE *10-24-72*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 26 1972

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

11565(C) MCA Unit (3) F.O.