

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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>Water Injection</i>	7. UNIT AGREEMENT NAME <i>MCA</i>
2. NAME OF OPERATOR <i>Continental Oil Co.</i>	8. FARM OR LEASE NAME <i>MCA Unit</i>
3. ADDRESS OF OPERATOR <i>Box 460 Hobbs N. Mexico</i>	9. WELL NO. <i>178</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 and 1980' FEL of Sec 28</i>	10. FIELD AND POOL, OR WILDCAT <i>Maly' G-SA Reservoir</i>
14. PERMIT NO.	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 28, T-17S, R-32E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3960' of</i>	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N. Mexico</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 ☐

SUCCESSFUL 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.)*

Ran tubing open-ended to 3904' and pumped in 175 sacks class C cement. Tagged top of cement @ 3189'.
Completed - 9-4-72

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

SIGNED

Robert Baultier

TITLE

Admin. Supervisor

DATE

12-22-72

(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