

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Water Injection</i>		5. LEASE DESIGNATION AND SERIAL NO. <i>LC-060799(a)</i>
2. NAME OF OPERATOR <i>Continental oil Co.</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>29410(a)</i>
3. ADDRESS OF OPERATOR <i>Box 460 Hobbs, N. Mexico</i>		7. UNIT AGREEMENT NAME <i>MCA</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>660' FSL and 660' FWL of Sec 29</i>		8. FARM OR LEASE NAME <i>MCA Unit</i>
14. PERMIT NO.		9. WELL NO. <i>109</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <i>MCA G-SA Repress</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 29, T-17S, R-32E</i>
		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>N. Mexico</i>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input checked="" 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 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"/>	

(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 shut off water in this well by the following procedures: Set cement retainer at $\pm 3600'$ and squeeze casing shoe w/100 socks and Class C cement. Test squeeze to 1800 PSI and place back on injection.

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

SIGNED

Robert Gault III

TITLE

Admin. Supervisor

DATE

1-25-73

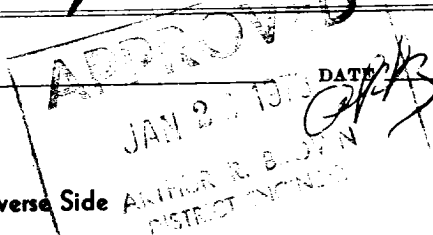
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



15000-5 MCA-3 File