

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

4. LEASE DESIGNATION AND SERIAL NO.

LC 060199(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit Bldg 2

9. WELL NO.

155

10. FIELD AND POOL, OR WILDCAT

MCA 6-SA Refers.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 29 T-175 R-32 E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL Q 1980' FEL 7 Sec. 29

14. PERMIT NO.

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

3950' GR

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.)*

Status of Well: Shut in

Approximate date that temp. aban. commenced: 10-21-74

Reason for temp. aban.: extra well bore - MCA #308 drilled as twin

Future plans for Well: hold for possible future secondary recovery use

Approximate date of future W. O. or plugging: 4th Quarter 1976

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

SIGNED

Robert J. Smith

TITLE

Division Office Manager

DATE

1-2-75

(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, F.1a

Jim Smith