

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSURMIT IN TRIPLICATE*
(Other Instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029410 (6)

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 ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

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 surface660 FSL + 1980 FSL, Section 30, T-19S,
R-32E, Lea County, New Mexico

14. PERMIT NO.

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

3883 DF

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit Bty 1

9. WELL NO.

217

10. FIELD AND POOL, OR WILDCAT

MCA 30 Pool

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

Sec. 30, T-19S, R-32E

12. COUNTY OR PARISH 13. STATE

Lea New Mexico

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 perti-
nent to this work.)Flow testing set back @ 3525, then water
injected. Tested 2-3-68: Injected 500 bbl
on vacuum in 24 hrs.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

APR 20 1968

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER