

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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.)L.C. - 060199 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME1. OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

MCA Unit City

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

9. WELL NO.

1980' FNL & 660' FEL of Sec. 30

1.59

10. FIELD AND POOL, OR WILDCAT

Mid. G-SH. Refr.

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

14. PERMIT NO.

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

3919' GR

Sec. 30 T-17S R-32E

12. COUNTY OR PARISH 13. STATE

H. Mex.

18. 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) Install casingPULL OR ALTER CASING ☐MULTIPLE COMPLETION ☐ABANDON* ☐CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

X

(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 install 3,650' of 4 1/2" 9.5 # casing after cleaning out and drilling 10' of new hole to 4005'; then treating from 3,770'-3,800' w/ 1000 gal. 28% acid. Casing will be cemented with 325 sacks class "C" cement. Plug well back on injection.

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

SIGNED [Signature]TITLE Division Office ManagerDATE 2-4-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
FEB 8 1974
OFFS

*See Instructions on Reverse Side

USBS-5, MCA-3, File