

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(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 ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. LC 059001	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME MCA Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL + 1980' FWL		8. FARM OR LEASE NAME MCA Unit 174	
14. PERMIT NO.		9. WELL NO. 221	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3930' GR		10. FIELD AND POOL, OR WILDCAT MALJ. G-SA. REPRISS	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 33, T-17S, R-32 E	
12. COUNTY OR PARISH LEA		13. STATE NM	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Temp. Abandoned	
(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: **Temporarily Abandoned**

Approximate date that temp. aban. commenced: **11-22-71**

Reason for temp. aban.: **Mechanical Problems**

Future plans for well: **Holding for possible future use in MCA Unit Waterflood**

Approximate date of future W. O. or plugging: **Indefinite**

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

SIGNED **P. Onley**

TITLE **Asst. Supv. Asst.**

DATE **10-27-75**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS(5) MCA(3) File

*See Instructions on Reverse Side

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