

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 058514

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MCA UNIT *Blk 3*

9. WELL NO.

228

10. FIELD AND POOL, OR WILDCAT

MALB. G-5A REPRESS.

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

SEC. 34, T17S, R32E

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

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 ☒ WATER INJECTION WELL

2. NAME OF OPERATOR  
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR  
Box 460, Hobbs, N.M. 88340

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

660' FNL & 1980' FEL OF SEC. 34

14. PERMIT NO.

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

3958' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> RUN 4 1/2" CSG.	

(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.) \*

DEEPEENED FROM 4203' TO 4350'. TREATED OH W/500 GALS. 28% NE-HCL ACID. RAN 12 JTS. 2 3/8" SLOTTED TBG. W/TBG. DISC & 4 7/8" OD ALUM. FUNNEL. SET BTM. OF TBG. AT 4349'. TOP OF FUNNEL AT 3969'. PB TO 3949' W/CRUSHED ROCK, SAND & PEA GRAVEL. RAN 4 1/2" 23# FJCSG. FROM SURF. TO 3950'. SET W/200 SX. CLASS "C" CMT. D.O. PLUG & CMT. TO 3953'. WOC 18 HRS. TESTED CMT AT 1400 PSI. HELD OK. D.O. & C.O. TO TD 4350'. RAN CMT. LINED TBG. CONNECT FOR INJECTION.

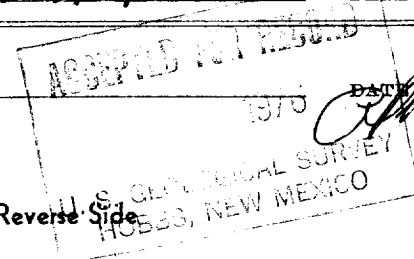
18. I hereby certify that the foregoing is true and correct

SIGNED *Wm. A. Butterfield* TITLE SR. ANALYST

DATE 3-3-76

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

2 SGS(5) MCA (4) File

RECEIVED

MAY 14 1976

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION