

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES
(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 ☐ <i>Water Injection 29</i>	7. UNIT AGREEMENT NAME <i>MCA</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>MCA Unit Bty</i>
3. ADDRESS OF OPERATOR <i>Box 1111, Tulsa, Oklahoma 74101</i>	9. WELL NO. <i>59</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1960 F&EL, Section 19, T-17S, R-2E, Sec. 19, T-17S, R-2E</i>	10. FIELD AND POOL, OR WILDCAT <i>GS4</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 19, T-17S, R-2E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3937 DF</i>	12. COUNTY OR PARISH <i>Nowata</i>
13. STATE <i>Oklahoma</i>	

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) *Water Injection* ☒

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)

*Now testing. Set packer @ 2424'. Screen down
oil injection. Started 2-25-68. Injected
550 BW @ 75" in 24 hours.*

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

APR 20 1968

*See Instructions on Reverse Side