

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-029405 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

23

10. FIELD AND POOL, OR WILDCAT

Maj. G-SA Regras

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

Sec 20, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL
WELL ☐ GAS
WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, NM 88240

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

At surface

660' FNL and 1980' FWL of Sec 20

14. PERMIT NO.

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

3988' d.F.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☒

PULL OR ALTER CASING

☐

FRACTURE TREAT

MULTIPLE COMPLETION

☐

SHOOT OR ACIDIZE

ABANDON*

☐

REPAIR WELL

CHANGE PLANS

☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

Set packer at $\pm 3560'$ and proc w/15,000 gals
treated fresh water and 30,000 # 20/40 Sand.

Note: Verbal approval to perform this work
was granted by Mr. Brown on 7-6-73.

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

SIGNED

[Signature]

TITLE Admin. Supervisor

DATE

7-6-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
JUL 9 1973
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5 FILE MCA-3