

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other Instructions
verse side)

Form approved
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

LC-029405(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

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' FEL of Sec 20

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

24

10. FIELD AND POOL, OR WILDCAT

Maj G-SA Repress

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

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
4014' df

12. COUNTY OR PARISH
Lea

13. STATE
NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☒	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☒
(Other) <u>set liner</u>		(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 pertinent to this work.)*

Plug back in open hole to 4000' w/ pea gravel and sand. Set 4 1/2" 9.5 # casing at 4000'. Cement casing w/ 150 sacks class C cement. Perf w/ 1 1/2" spf @ 3709', 3713', 3718', 3752', 3756', 3760 and 3764'. Treat perfs w/ 1100 gals 15% HCL-NE acid, 10,000 gals fresh water and 20,000 # 20/40 sand.

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

SIGNED [Signature] TITLE Sr. Analyst DATE 5-23-73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side