

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions
verse 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</i>		5. LEASE DESIGNATION AND SERIAL NO. <i>LC-029405(b)</i>	
2. NAME OF OPERATOR <i>Continental Oil Company</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, NM 88240</i>		7. UNIT AGREEMENT NAME <i>MCA</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FSL and 1980' FEL of Sec 20</i>		8. FARM OR LEASE NAME <i>MCA Unit</i>	
14. PERMIT NO.		9. WELL NO. <i>65</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3999' gr</i>		10. FIELD AND POOL, OR WILDCAT <i>Malg-SA Repress</i>	
		11. SEC., T.R., M., OR BLK. AND SURVEY OR AREA <i>Sec 20, T-17S, R-32E</i>	
		12. COUNTY OR PARISH <i>Lea</i>	
		13. STATE <i>NM</i>	

16. 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) ☒ *Shut off water*PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)

Set OH BP at 3670' and spot sand on top to 3650'. Set cement retainer at 3480' and squeeze w/ 150 sacks class C Cement.

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 _____

DATE _____

APPROVED

JUL 9 1973

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5 FILE *MCA-3*