Form 9-331
(May 1963)

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-029405(b)

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

7. UNIT AGREEMENT NAME
MCA

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
MCA Unit

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.
99

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
25' FSL & 25' FEL of Sec 19, T-17S, R-32E,
Lea County, N. Mex.

10. FIELD AND POOL, OR WILDCAT
Maljamar G/SA Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3936' DF

12. COUNTY OR PARISH
Lea

13. STATE
N. Mex.

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	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Converted to Producing			☒
(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.)*

This well was converted from a gas injection well to producing oil well by installing pumping equipment. Ran 2 3/8" tubing and set at 3953' and install Pumping Unit.

12-12-69 Tested 104 BO, 68W, 117 MCF in 24 hrs.

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

SIGNED Robert Gault III TITLE Adm. Section Chief DATE 12-15-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DEC 17 1969
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

USGS-5 FILE
MCA Partners

*See Instructions on Reverse Side