

MAR 3 1970

Form 5-231
(May 1968)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN ORIGINALS
(Only 10 reproductions on 10
cent index)Form Approved
Project Bureau No. 42-111
6. LEASE DESIGNATION AND SERIAL NO.

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 <i>MCA</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. NAME OF LEASE NAME <i>MCA Unit By 1</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>58</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>2610' FSL + 2640 FEL of Sec 19, T-17S,</i> <i>R-32E, in Lea County, N. Mex.</i>	10. FIELD AND FOOT, OR WILDCAT <i>mainly M-SA Basin</i>
14. PERMIT NO. <i>R-32E</i>	11. SEC., T., R., or FILL AND SURVEY OR AREA <i>Sec 19, T-17S, R-32E</i>
15. PLATINGS (Show whether DP, ET, CR, etc.) <i>3436' DF</i>	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N. Mex.</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) *Converted to Producing* ☒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 on 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 to producing on 12-24-69 by installing pumping equipment. Commission order NO. R-2403 authorized this work.

Test on 12-31-69 showed -1800, 4800 and 122 ACF for 24 hours.

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

SIGNED _____

TITLE *Adm. Section Chief*DATE *2-23-69*

(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

ACCEPTED FOR RECORD

FEB 27 1970

USGS-5 FILE

*See Instructions on Reverse

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO