

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved
Revised Edition No. 10

5. LEASE DESIGNATION AND SERIAL

LC-029509(2)

6. IF DRILLING, ABANDONMENT OR OTHER

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 ☐	MAR 3 4 1970	7. WELL IDENTIFICATION NAME	MCA
2. NAME OF OPERATOR	OIL CONSERV	8. FARM OR LEASE NAME	MCA Unit # 2
3. ADDRESS OF OPERATOR	HOBBS	9. WELL NO.	41
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 11 below.) At surface		10. FIELD AND POOL, OR WILDCAT	mol. G-SA Repres
2530' FNL + 215' FEL of Sec 21, T-17S,		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec. 21, T-17S, R-32E
R-32E, Lea County, N.M.		12. COUNTY OR PARISH	Lea
14. PERMIT NO.	15. ELEVATION (Show whether DF, RT, CR, etc.)	13. STATE	N.M.
	4021' DF		

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)

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 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 gas injection to producing by installing pumping equipment.

Date of first production was on 4-18-69.
On 4-22-69 tested 880, 50 BW + 14 MCF in 24 hours.

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

SIGNED

TITLE Adm. Section Chief

DATE 3-18-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

MAR 19 1970

DATE

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

USGS-5 FILE

*See Instructions on Reverse Side