

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN APPLICATION
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R-1

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 Unit</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>MCA Unit</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>168</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>2615' FSL & 140' FSL g. Sec. 30, T-17S, R32E See County New Mexico</i>	10. FIELD AND POOL, OR WILDCAT <i>Madison G-S-A</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <i>Sec. 30, T-17S, R32E</i>
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <i>3913' DF</i>	12. COUNTY OR PARISH <i>Lea</i>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	13. STATE <i>N.M.</i>

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☒
(Other) <i>Permitted to Produce</i>			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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 setting a pumping unit. The pumping unit was set on 4-25-70. on 6-13-70 tested 7 BO, 1BW, 0 Gas.

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

SIGNED *M. E. Headley*

TITLE *Adm. Supervisor*

DATE *8-11-70*

(This space for Federal or State office use)

APPROVED BY

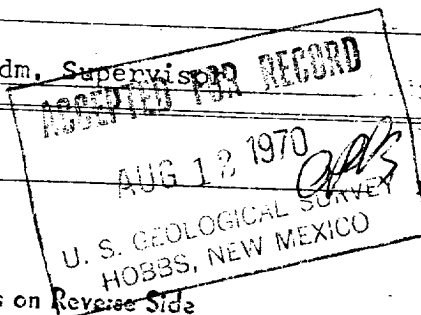
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 FILE

*See Instructions on Reverse Side



RECEIVED

AUG 17 1970

OIL CONSERVATION DIVISION
HOUSTON, TEXAS