COPY TO U.S.G.S.

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 057210

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 Injection

7. UNIT AGREEMENT NAME
MCA

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
MCA Unit Btty 2

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

9. WELL NO.
235

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1325' FNL & 1325' FWL, Section 28, 17S, 32E, Lea County, New Mexico NMPM

10. FIELD AND POOL, OR WILDCAT
Quail Maljamar Grayburg
Maljamar

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
28-17S-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3795 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) Perf. And acidize water flood			X	(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.) *

Perforate intervals 3774 to 3859 and sand-water frac to stimulate water injection

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

SIGNED Robert Foulk III TITLE Administrative Assistant DATE 4-15-68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
APR 16 1968
A. R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC (2) file