

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

O. C. C.

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection		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. 242
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2565' FSL & 25' FWL, Section 19, T-17S, R-32E, Lea County, New Mexico.		10. FIELD AND POOL, OR WILDCAT Maljamar Repress.(GSA)
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND POOL SURVEY OR AREA Sec. 19, T-17S, R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3939 DF		12. COUNTY OR PARISH Lea
		13. STATE N. M.

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) ☐

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 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.)*

Ran 122 joints (3956') of 4 1/2" OD 9.5# J-55 casing and set at 3945'. Cemented with 250 sacks class "C" cement, 4% gel and 13# salt per sack. Plug down 9:00 PM 10-26-66. Tested casing with 1000# for 30 minutes. Tested OK. WOC 48 hours. Top of cement 1900' by temperature survey.

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

SIGNED

James A. Hart

TITLE Supervising Prod. Engineer

DATE 11-8-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

NOV 13 1967

*See Instructions on Reverse Side J L GORDON
ACTING DISTRICT ENGINEER