

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R-1024.
5. LEASE DESIGNATION AND SERIAL NO.LC-029509(2)
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MICA
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MICA Unit
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 262
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2615' FNL + 25' FNL Sec 21	10. FIELD AND POOL, OR WILDCAT Malj. G-5A Repress
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GE, etc.) 4018' DF (EST)
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 21, T-17S, R-32E
	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:

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.)*

Drilled a 12 1/4" hole to 780' + ran & set 8 5/8" 20# csq. Cemented csq with 350 sx of Class 'C' cement. Cement circulated. woc 24 hrs. Tested csq with 1,000 # for 30 minutes, held OK.

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

SIGNED

ME [Signature]

TITLE

Adm. Supervisor

DATE

1-4-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JAN 7 1971

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

USGS-5 FILE

*See Instructions on Reverse Side