UNIT STATES DEPARTMENT OF THE INTERIOR (Other instructions verse side)

GEOLOGICAL SURVEY

			500			·	
5.	LEASE	DES	IG NA	TION	AND	SERIAL	NO.
,	\sim	_	•	^		1 1 1	

LC 029 405

(Do not us	SUNDRY NOTICES AND REPORTS ON WELLS this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	
1.		7. UNIT AGREEMENT NAME
	AS OTHER	MCH
2. NAME OF OPERA	nental oil Company	8. FARM OR LEASE NAME MCA Unit /4/
3. ADDRESS OF OP	460 Hobbs new mexico	9. WELL NO. 263
4. LOCATION OF WI See also space At surface	ELL (Report location clearly and in accordance with any State requifements.* 17 below.)	maly G-5A Repres
2594'F	5L and 1224 FWL of Sec 20	11. SEC.V.T., R., M., OR BLK. AND V SURVEY OR AREA CAO. 7.0 T. 17.5 P. 37.F.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
16.	Check Appropriate Box To Indicate Nature of Notice, Report, of	or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results of m Completion or Recompletion	REPAIRING WELL ALTERING CASING ABANDONMENT* ultiple completion on Well Report and Log form.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a 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 per						

Perforated 5's" coping w/1) spf at 3772,71,63,54,50,3745'
3648,44,41,36,31,24,20,3616. Titch perfs 3777-3745' w/7,200 gals 1590 HCL-NE veid. Treated perfo 3648'-3616' w/2000 gals 1590 HCL-NE veid. Frac'd W/20,000 gals treated gelled produced water w/39,000 # w/20,000 gals treated gelled produced water w/39,000 # 20,40 Sond. Work Started-12-20-71 Completed-12-27-7)

Pmpd 152BO and 108BW

Flud 296 Bo and 390 BWin 24 his.

18. I hereby certify that the foregoing is true and correct SIGNED.	TITLE admin	Supervisor	DATE /-27-72
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	3 41 4 460	DATE
		1 1416	972

*See Instructions on Reverse Side

USGS(5) MCA(3) File