

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 42 R1111

GEOL. SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

LC - 0294056

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 ☐	7. UNIT AGREEMENT NAME McA Unit Rpt.
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME McA Unit
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M.	9. WELL NO. 265
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1416 FSL & 1224 FWH of Sec. 20, T-17S, R-32E, Lea Co., N.M.	10. FIELD AND POOL, OR WILDCAT McA Unit Rpt.
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-17S, R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Est. 3965 GL	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 COMPLETION

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 out of the 8 5/8" casing with a 7 7/8" bit to TD 4100'. Set 5 1/2" 14# J-55 ST+C Cond. "A" Csg at 4100'. Contch w/250 sq class "c" Cmt in 2 stages, W.O.C 2 hrs. Tested Casing w/1700# for 30 min, held OK.

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

SIGNED

M. E. [Signature]

TITLE

Administrative Supervisor

DATE

2-12-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS (5) McA (3) 2 file

APPROVED FOR RECORD

*See Instructions on Reverse Side

FEB 16 1971

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO