

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1421

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 <i>MCA Unit Rept.</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>		8. FARM OR LEASE NAME <i>MCA Unit</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M.</i>		9. WELL NO. <i>266</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <i>At surface 1345' FSL + 2615' FWL of Sec. 20, T-17S, R-32E, Lea County, New Mexico.</i>		10. FIELD AND POOL, OR WILDCAT <i>Maj. G-SA. Rept.</i>
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 20, T-17S, R-32E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3970 GR</i>		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>N.M.</i>

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* ☐

Commence Drilling ☒

(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.)*

*This well was spudded 3-8-71.
Drilled 12 1/4" hole to 700' + set 8 5/8" 20#
csg. Cemented w/325 cps of Class "C" cement.
W.C.C. 24 hrs. Cement circulated. Tested
Casing w/1000 PSI, Held OK.*

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

SIGNED

(This space for Federal or State office use)

TITLE

DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS(5) MCA(3) File

*See Instructions on Reverse Side