

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

LC-057210

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 ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface
1345' FSL + 1345' FWH of Sec. 28,
T-17S, R-32E, Lea Co., N.M.

7. UNIT AGREEMENT NAME

MCA Unit Rep.

8. FARM OR LEASE NAME

MCA Unit Rep 3

9. WELL NO.

268

10. FIELD AND POOL, OR WILDCAT

Melp. G-SA Repl.

11. SEC., T., R., M., OR ELE. AND SURVEY OR AREA

Sec. 28, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

Elev. 3942 CR

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.)*

This well was spudded 3-15-71.
Drilled a 12 1/2" hole to 916' & set 8 5/8" 20# casing. Cemented w/475 #4 class "C" cement. V.O.C. 24 hrs. Cont. Circs. Tested casing w/1000# for 30 min. Held OK.

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

SIGNED

(This space for Federal or State office use)

TITLE

Administrative Asst. DATE 3-17-71

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

4565(5) MCA(3) File

TITLE

DATE