

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THIS DATE
(Indicate instructions on reverse side)Form approved
Budget Form No. 42-R1179

LEASE DESIGNATION AND SERIAL NO.

20-029405(a)

C. 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 Repl.
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 271
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1295' FNL + 25 FEL of Sec 20, T-17S, R-32E, Lea County, N.M.	10. FIELD AND POOL, OR WILDCAT Maj. B-5A Repl.
14. PERMIT NO.	11. SEC., T., R., M., OR ELG. AND SURVEY OR AREA Sec. 20, T-17S, R-32E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) Ent. 4041 N7	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 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 L/S 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 2-23-71. Drilled 12 1/2" hole to 770' and set 8 5/8" 20# ST+C casing at 770'. Cemented w/425 sg class "C" cement cure. W.B.C 24 hrs. Tested casing w/1000# for 30 min. Held OK.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

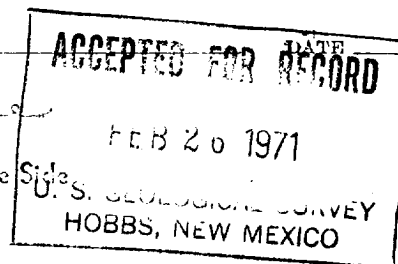
APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) MCA (3) File

*See Instructions on Reverse Side



WATER RESOURCES

WATER

WATER RESOURCES

RECEIVED

MAR 21 1971

OIL CONSERVATION COMM.
WASHINGTON, D.C.