

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRI  
(Other instructions  
reverse side)DATE  
on re-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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME McAll Unit Repl.
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME McAll Unit Bty 3
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbes, N.M.	9. WELL NO. 274
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1295' FNL + 1295' FEL of Sec. 28, T-17S, R-32E, Lea County, N.M.	10. FIELD AND POOL, OR WILDCAT Moly. G-SA Repl.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4005 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 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.)\*

Drilled out of the 8 5/8" casing with a 7 7/8" bit to 4190' and set 5 1/2" 14" casing. Cmt'd w/300 sds class "C" cmt. in 2 stages. W.O.C. 24 hrs. Top of cement 2400'. Tested casing w/1000 # for 30 min. OK.

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

SIGNED

M.E. Spakeley

TITLE

Administrative Supervisor

DATE

3-31-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4565(5) MCA(3) File

\*See Instructions on Reverse Side