Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.: LC-029403(b)

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 Legs.

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: MCA Unit Bty 1

3. ADDRESS OF OPERATOR: P.O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.: 279

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1295' FSL + 1295' FEL of Sec. 19, T-17S, R-32E, Lea County, N. M.

10. FIELD AND POOL, OR WILDCAT: Maljamar Grayburg-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 19, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3933' 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☒	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)				(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.)*

On 4-17-71 - Drilled out of 8⅝" casing w/7⅞" bit to TD 4050'. Set 5½" 14# csg. at 4050'. Cmtd w/300 sks Class "C" cmt in 2 equal stages. W.O.C. 24 hrs. Top of cmt 2650'. PBD 4031'. Tested casing w/1000# for 30 min., held ok.

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

SIGNED: [signature] TITLE: Administrative Supervisor DATE: 4-19-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS(5) MCA(3) File

*See Instructions on Reverse Side