

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029405(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME MCA	
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME MCA Unit 17, 1	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, NM 88240		9. WELL NO. 286	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 25' FSL & 1295' FWL of Sec. 19.		10. FIELD AND POOL, OR WILDCAT Mud G-SA Approx.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3913' 61.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-17S, R-32E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

Perf. at 3936', 3937' & 3938' w/2 SSPF. Spotted 1/2 Bbl. 28%
NE Acid over perf. Returned to production.

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

SIGNED

TITLE

Admin. Supervisor

DATE

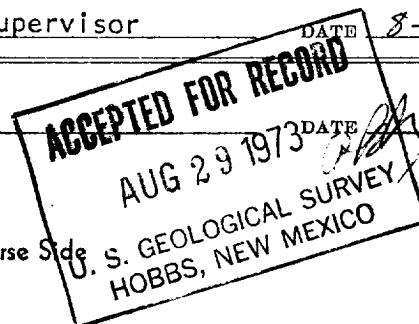
8-24-73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

USGS-5 FILE MCA-3