Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.: LC 029410(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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: MCA

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.: 297

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 2615' FNL and 1375' FWL of Sec 30

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 30, T-17S, R-32E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3890' est gr.

12. COUNTY OR PARISH: Lea

13. STATE: N. Mex

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) Production String			[X]
(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.) *

Ran 5½", 14# casing and set at 4030'. Cemented with 100 sacks class C cement w/4% gel and 150 sacks class C cement w/ 3# sand, 3# salt and ¼# flocle per sack. TOC by survey at 2300'. PBTD at 4004'.

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

SIGNED [signature] TITLE Administrative Supervisor DATE 8-30-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) File MCA(3)

*See Instructions on Reverse Side