DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.: LC 057216

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☒ 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.: 399

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 175' F.L. and 1295' F.L. of Sec. 27

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 27, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4031' 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) Commence drlg ops			☒
(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.)*

Spudded 12¼" hole on 12-6-71. Ran 8 5/8" 20# casing and set at 850'. Cemented w/225 sacks class "C" cement w/ 490 gel. Followed w/200 sacks Class "C" cement w/ 290 CaCl2. Cement circulated. WOC 18 hours. Tested 8 5/8" casing w/ 1000 psi for 30 minutes. Held O.K.

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

SIGNED: [signature] TITLE: Administrative Supervisor DATE: 12-10-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

~~USGS (5)~~ File MCA(3)

ACCEPTED FOR RECORD
DEC 13 1971
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side