

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC.
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-0294106	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 460 Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME MCA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1345' FSL and 2615' FEL of Sec 30		8. FARM OR LEASE NAME MCA Unit	
14. PERMIT NO.		9. WELL NO. 305	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3900' est gr		10. FIELD AND POOL, OR WILDCAT Maly' G-SA Repren	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T-17S, R-32E	
		12. COUNTY OR PARISH Lea	
		13. STATE N. Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Commencement <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 12 1/4" hole on 5-16-72, Set 8 5/8" 20# casing at 787'. Cemented w/ 200 Socks Class C Cement w/ 4% gel and 2% CaCl₂. Followed w/ 200 socks Class C cement w/ 2% CaCl₂. Cement circulated. WOC 18 hours. Tested casing w/ 1000 PSI for 30 minutes; held O.K.

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

SIGNED

[Signature]

Administrative Supervisor

DATE

5-26-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

JUN 1 1972

USGS (5)

FILE

MCA(3)

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO