

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPI  
(Other instructions  
reverse side)FE\*  
re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 057 210

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.)

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

307

10. FIELD AND POOL, OR WILDCAT

Malj G-SR Repro

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 27, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mex

1. OIL ☒ GAS ☐ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

Continental Oil Co.

3. ADDRESS OF OPERATOR

Box 460 Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

199' FNL and 1270' FEL of Sec 27

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3981' gr

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐(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 perti-  
nent to this work.)\*

Spudded 12 1/4" hole on 4-5-72. Set 8 5/8" 20# casing at 850'. Cemented w/ 225 sacks Class C cement w/ 4% gel and 2% CaCl. Followed w/ 200 sacks Class C w/ 2% CaCl. Cement circulate WOC 24 hrs. Tested casing w/ 1000 psi for 30 minutes, Held O.K.

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

SIGNED

*[Signature]*

TITLE

Admin. Supervisor

DATE

4-20-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

APR 24 1972

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

USGS(5) MCA(3) File

\*See Instructions on Reverse Side