

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. OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME <b>MCA</b>
2. NAME OF OPERATOR <b>Continental oil Company</b>		8. FARM OR LEASE NAME <b>MCA Unit</b>
3. ADDRESS OF OPERATOR <b>Box 460 Hobbs New Mexico</b>		9. WELL NO. <b>311</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1295' FNL and 2615' FWL of Sec 26</b>		10. FIELD AND POOL, OR WILDCAT <b>Malj G-SA Repress</b>
14. PERMIT NO.		11. SEC., T. R., M., OR BLK. AND SURVEY OR AREA <b>Sec 26, T-17S R-32E</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE <b>Lea N. Mexico</b>

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) <b>Commencement</b> <input checked="" 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 5-9-72. Set 8 5/8"; 24 # casing at 1000'. Cemented w/ 300 socks Class C cement w/ 490 gel and 290 CaCl<sub>2</sub>. Followed w/ 200 socks Class C cement w/ 290 CaCl<sub>2</sub>. Cement circulated. Waited on cement 18 hours. Tested casing w/ 800 psi for 30 minutes; Held O.K.

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

SIGNED [Signature] TITLE Admin Supervisor DATE 5-16-72

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

MAY 17 1972

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side

USGS(S) MCA(3) File