

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. CASE DESIGNATION AND SERIAL NO.
LC-058697(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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Continental Oil Company
3. ADDRESS OF OPERATOR
Box 460 Hobbs, New Mexico 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
450' FNL and 1980' FWL of Sec 25
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4029' gr

7. UNIT AGREEMENT NAME
MCA
8. FARM OR LEASE NAME
MCA Unit
9. WELL NO.
313
10. FIELD AND POOL, OR WILDCAT
Mclj' G-SA Reprene
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 25, 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:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) **Setting Production String** ☒
(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.) *

Set 5 1/2" 14# casing at 4350'. Cemented w/150 socks class C cement w/490 gel, 3# salt and 1/4# floccle per sock. Followed w/150 socks class C cement w/3# salt, 3# sand and 1/4# floccle per sock.

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

SIGNED **Robert Gault**

Administrative Supervisor
TITLE _____

DATE **7-6-72**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

USGS(5) FILE **MCA(3)**

*See Instructions on Reverse Side U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

ACCEPTED FOR RECORD

JUL 10 1972