

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-057210

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

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

314

10. FIELD AND POOL OR WILDCAT

Maly G-5A Repress

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

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

12. COUNTY OR PARISH

Dea

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

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 6-1-72. Set 8 5/8" 20#
Casing at 946'. Cemented w/ 300 sacks class C
Cement w/ 490 gal and 290 CaCl₂. Followed w/ 200
sacks class C cement w/ 290 CaCl₂. Cement circu-
lated. 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

Administrative Supervisor

DATE 6-6-72

(This space for Federal or State office use)

APPROVED BY

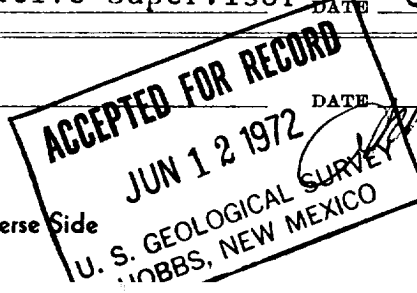
TITLE

CONDITIONS OF APPROVAL, IF ANY:

USGS(5) FILE

MCA(3)

*See Instructions on Reverse Side



RECEIVED

JUN 13 1972

OIL CONSERVATION COMM.
HOBBS, N. M.