Form	9	331	
(May	1	963	١

TRIPLIC		Form approved. Budget Bureau No
ICCIONS ON	ن <u>ا</u> ا ک	

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Mny 1963)	DEPARTMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY	
	SUNDRY NOTICES AND REPORTS ON WELLS this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GA	S OTHER	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERAT	tinental Oil Company	8. FARM OR LEASE NAME MCA Unit
	460 Hobbs, New Mexico 88240	9. WELL NO.
See also space 1 At surface		10. FIELD AND POOL, OR WILDCAT May G-SA Rapro- 11. SEC., J. R., M., OR BLK. AND SURVEY OR AREA
	=SL and 1295 FWL of Sec 27	Sec 27, T-175, R-32E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3975 gu	12. COUNTY OF PARISH 13. STATE MEXIC
16.	Check Appropriate Box To Indicate Nature of Notice, Report	or Other Data

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

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

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

SHOOT OR ACIDIZE	ABANDUN	1	SHOOTING ON MCIDINAMO	ABANDONA	
REPAIR WELL	CHANGE PLANS		(Other) setting	production s	tring
(Other)				lts of multiple completion pletion Report and Log i	
17. DESCRIBE PROPOSED OR COMPLE proposed work. If well is nent to this work.)*	directionally drilled, give sul	bsurface locations an	d measured and true vert	tical depths for all mark	ers and zones perti-
let 5½"/ w/150 Soels	4#, J-S	5 con	ring at	4260.	Comented
	alass. C	cames	x W/Y	-90 gels	374320
W/150 Socks per Sock and 150 Socks Cl and 4 # floce ond 4 # floce	Control C	10 00	sock.	Follow	ed W/
ask and	4 # proc	ere po		4 50 14	3#Sond
per soll		meno	$+\omega/2F$	+ 3000)	o aual
In some Cl	ass -	Carlo	top of	Cement	- (a) 2140.
150 300	le per				
ad to # prote					
onc 7	•				
PBD @ 4249	•				

18. I hereby certify that the foregoing is true and correct SIGNED THE Administrative	Supervisor DATE 7-6-72
(This space for Federal or State office use) APPROVED BY TITLE	ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:	JUL 1 0 1972
USG\$(5) FILE M(A(3) *See Instructions on Reverse S	HOBBS, NEW MEXICO