

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.
CASE DESIGNATION AND SERIAL NO.

LC 029 509 (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

1295' FSL and 1295' FWL of Sec 22

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4025' est gr

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit

9. WELL NO.
316

10. FIELD AND POOL, OR WILDCAT
Malj G-SIA Repres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 22, T-17S, R-32E

12. COUNTY OR PARISH
Lea

13. STATE
N. Mexico

18. 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 pertinent to this work.)

Spudded 12 1/4" hole on 7-3-72. Set 8 5/8" 20# casing at 883'. Cemented w/ 250 sacks class C cement w/ 490 gal and 2% CaCl₂. Followed w/ 200 sacks class C cement w/ 290 CaCl₂. Cement circulated. WOC 18 hours. Tested casing w/ 800 psi, held O.K.

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

SIGNED

Robert Gault

TITLE Administrative Supervisor

DATE

7-6-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JUL 10 1972

USGS(5)

FILE

MCA(3)

*See Instructions on Reverse Side

S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO