

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse 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

7. UNIT AGREEMENT NAME
MCA

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
MCA Unit #3

3. ADDRESS OF OPERATOR
Box 460, Hobbs, N. Mex.

9. WELL NO.
317

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1295' FWL and 75' FWL of Sec 27

10. FIELD AND POOL, OR WILDCAT
Mali G-SA Repres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 27, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4011' gr

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:

SUBSEQUENT REPORT OF:

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

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) **Restoring prod. string**
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

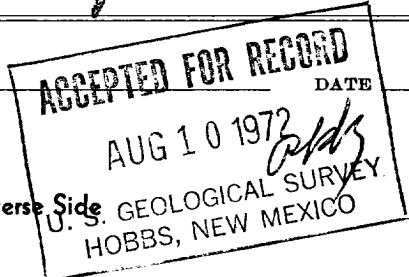
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

**Set 5 1/2" 14 # casing at 4200'. Cemented w/ 300
socks Class C cement. TOC by survey @
2100'. PBD @ 4175'.**

18. I hereby certify that the foregoing is true and correct
SIGNED **Robert Gault** TITLE **Admin. Supervisor** DATE **8-9-72**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

USGS(5) MCA(3) File

RECEIVED

AUG 10 1972

OIL CONSERVATION COMM.
HOBBS, N. M.