

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLIC  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <b>MCA</b>
2. NAME OF OPERATOR <b>Continental Oil Company</b>	8. FARM OR LEASE NAME <b>MCA Unit</b>
3. ADDRESS OF OPERATOR <b>Box 460 Hobbs, New Mexico 88240</b>	9. WELL NO. <b>317</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1295' FNL and 75' FWL of SEC 27</b>	10. FIELD AND POOL, OR WILDCAT <b>Maly G-SA Repress</b>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 27, T-17S, R-32E</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4008' est gr</b>	12. COUNTY OR PARISH 13. STATE <b>Lea N. Mexico</b>

## 16. 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 7-12-72. Set 8 5/8" 20# casing at 884'. Cemented w/ 250 sacks class C cement w/ 4% gel and 2% CaCl<sub>2</sub>. Followed w/ 200 sacks class C cement w/ 3% salt and 1/4# floccle per sack. Cement circulated. WOC 18 hours. Tested casing w/ 800 psi for 30 minutes, held O.K.

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

SIGNED

*Robert Gault III*

TITLE

Administrative Supervisor

DATE

7-17-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

JUL 19 1972

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

USGS(5) FILE MCA(3)

\*See Instructions on Reverse Side