

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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

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

25' FNL and 1295' FEL of Sec 28

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GB, etc.)
4015' gr

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit

9. WELL NO.
318

10. FIELD AND POOL, OR WILDCAT
MCA Unit - SA Repres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 28, T-17S, R-32E

12. COUNTY OR PARISH | 13. STATE
Hess | N. Mexico

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) **Setting 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 sacks Class C cement. Top of cement at 2540'. PED @ 4152'.

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

SIGNED **Robert Gault III** TITLE **Administrative Supervisor** DATE **7-31-72**

(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

ACCEPTED FOR RECORD
AUG 2 1972
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

APR 1 1972

OIL CONSERVATION BOARD
HOUSTON, TEXAS