

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit
3. ADDRESS OF OPERATOR Box 460 Hobbs, New Mexico 88240	9. WELL NO. 318
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	10. FIELD AND POOL, OR WILDCAT MCA G-SH Repres
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, T-17S, R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4015' gr	12. COUNTY OR PARISH 13. STATE Hobbs 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) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

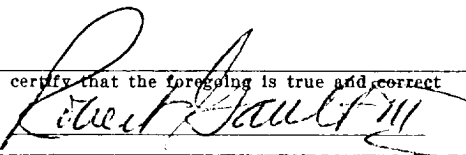
(NOTE: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

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



TITLE

Administrative Supervisor

DATE

7-31-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS (5)

FILE

MCA(3)

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

AUG 2 1972

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

AUG 1 1971

OIL CONSERVATION BOARD
HONOLULU, H. I.