

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-058395

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 Co.

3. ADDRESS OF OPERATOR

Box 460 Hobbs, N.Mex.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1345' FSL and 1295' FEL of Sec 22

14. PERMIT NO.

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

3985' gr

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

325

10. FIELD AND WOOD, OR WILDCAT

Mall G-SA Reprss

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.Mex

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐
☐
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☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐

REPAIRING WELL

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☐
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☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Commencement

(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 9-6-72. Set 8 5/8" 20# casing at 864'. Cemented w/ 450 sacks of class C cement. Cement circulated. WOC 18 hours. Tested 8 5/8" 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

Admin. Supervisor

DATE

9-27-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

SEP 27 1972

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

USGS-5

MCA-3

File