

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-029509(b)
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
1245' FSL and 50' FEL of Sec 21

7. UNIT AGREEMENT NAME
MCA
8. FARM OR LEASE NAME
MCA Unit
9. WELL NO.
326
10. FIELD AND POOL, OR WILDCAT
Malj G-SA Repress
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
Sec 21 T-175 R-32E
12. COUNTY OR PARISH
Lea
13. STATE
N. Mex

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4038' gr

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 4250'. Cemented w/300 sacks class C cement. TOC @ 3000'. PBD @ 4192'.

Note: This form replaces the one submitted on 10-25-72 due to incorrect location.

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

SIGNED

Robert Gault

TITLE

Admin. Supervisor

DATE

10-27-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

NOV 1 1972

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side