

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLI
(Other instructions on re-
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR Continental oil Co.	8. FARM OR LEASE NAME MCA Unit
3. ADDRESS OF OPERATOR Box 460 Hobbs N. Mex	9. WELL NO. 326
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	10. FIELD AND POOL, OR WILDCAT Mel G-SA Repres
14. PERMIT NO.	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 21, T-175, R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4038' gr	12. COUNTY OR PARISH Lee
	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 ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(Other) ☒

(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 10-6-72. Set 8 5/8" casing at 860'. Cemented w/ 450 sacks Class C Cement. Cement circulated. WOC 18 hours. Tested casing w/ 800 psi for 30 minutes; held O.K.

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

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

NOV 1 1972

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO