Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.: [illegible]

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [ ] GAS WELL [ ] OTHER: Injection

7. UNIT AGREEMENT NAME: MCA

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: MCA Unit Bty 2

3. ADDRESS OF OPERATOR: Box 460, Hobbs, New Mexico 88240

9. WELL NO.: 90

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface: 660' FSL & 660' FEL, Section 21, T-17S, R-32E, Lea County, New Mexico NMPM

10. FIELD AND POOL, OR WILDCAT: [illegible]

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 21-17S-32E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4023 GL

12. COUNTY OR PARISH: Lea

13. STATE: N.M.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other) [illegible]	[X]						

(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.) *

Drill out to T.D. 4154' and sand-water frac to stimulate water injection.

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

SIGNED [signature] TITLE [illegible] DATE [illegible]

(This space for Federal or State office use)

APPROVED BY ________ TITLE ________ DATE ________
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
APR 16 1968
A. R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side