

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL. E\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-058697(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 ☒ GAS ☐ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

Continental Oil Co.

3. ADDRESS OF OPERATOR

Box 460 Hobbs, N.M.

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

1345' FNL and 25' FWL of Sec 25

14. PERMIT NO.

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

4017' east gr

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

334

10. FIELD AND POOL, OR WILDCAT

MCG-SA Reservoir

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 25, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM 8400

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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 perti-  
nent to this work.) \*

Spudded 12 1/4" hole on 2-5-73. Set 8 5/8" 20#  
Casing and set @ 1054'. Cemented w/ 525  
socks class C cement. CIRC, 30.50X

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

SIGNED

*Paul H. Gould*

TITLE

Admin. Supervisor

DATE

3-8-73

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*PS*

\*See Instructions on Reverse Side