

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions
reverse side)Form approved
Budget Bureau No. 42-R1424.
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 ☐	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, NM 88240	9. WELL NO. 338
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2615' FSL and 1295' FWL of Sec 22	10. FIELD AND POOL, OR WILDCAT McAig-SA Reservoir
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22, T-15, R-3E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4000' gr	12. COUNTY OR PARISH Lea
	13. STATE NM

10. 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) ☒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.) *

Spudded 12 1/4" hole on 3-10-73. Drilled to 846' and set 8 5/8", 70 # casing. Cemented w/ 425 sacks Class C Cement. Cement circulated. WOC 18 hours. Tested casing w/ 800 psi for 30 minutes, held o.k.

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

SIGNED

Robert G. Sullivan

TITLE Admin. Supervisor

DATE

4-6-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

APR 11 1973

*See Instructions on Reverse Side

USGS-5 FILE

MCA-3

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO