Form 9-331
(May 1963)

UNITE 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-058698(a)

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 [X] 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: Box 460, HOBBS, N. M. 88240

9. WELL NO.: 339

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1295' FSL & 2615' FWL OF SEC. 23

10. FIELD AND POOL, OR WILDCAT: MALJ. G-SA REPRESS.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SEC. 23, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4004' GR

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	[X]	CHANGE PLANS	[ ]	(Other)			[ ]
(Other) REPAIR CASING			[ ]				

(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.) *

IT IS PROPOSED TO REPAIR HOLE IN 5½" CASING AT 2807–2820' AS FOLLOWS:

WITH CMT. RETAINER SET AT 2644', SQUEEZE W/2,000 SX. CLASS "C" CMT. W/16% GEL PLUS 11-LBS. PER SACK SALT. PUMP IN 1,000 GAL. PWG. W/OC. DRL.-OUT RETAINER & PLUG. TEST TO 1000 PSI. RUN PRODUCTION EQUIP'T. & RESTORE PRODUCTION.

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

SIGNED: Wm. A. Rutledge TITLE: SR. ANALYST DATE: 3-19-75

(This space for Federal or State office use)

APPROVED BY ..... TITLE ..... DATE .....

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS (5) MCA (2) FILE