

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPIES TO O.C.C.
SUBMIT IN TRIPLICATE
(Other instructions
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.)

| | | | |
|---|---|--|------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME <i>MCA</i> | |
| 2. NAME OF OPERATOR <i>Continental Oil Company</i> | | 8. FARM OR LEASE NAME <i>MCA Unit</i> | |
| 3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, NM 88240</i> | | 9. WELL NO. <i>342</i> | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <i>At surface</i> <i>1225' FNL & 1295' FNL of Sec. 26</i> | | 10. FIELD AND POOL, OR WILDCAT <i>Melja B-SG. Reservoir</i> | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3975' BR (Est)</i> | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 26, T-17S, R-32E</i> | 12. COUNTY OR PARISH <i>Lea</i> |
| | | 13. STATE <i>NM</i> | |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|---|--|
| WATER SHUT-OFF <input checked="" type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <i>Commencement</i> <input checked="" type="checkbox"/> | |

(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.)*

Squadded 12 1/4" hole on 7-26-73. Set 858" 20# Casing at 921'. Cemented w/ 500 sacks Class C Cement. Cement Circulated. W.O.C. 18 hours. Tested 858" casing w/ 800 PSI for 30 minutes, held O.K.

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

SIGNED *[Signature]*

TITLE *Admin. Supervisor*

DATE *9-10-73*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD
SEP 11 1973

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

USGS-5 FILE *MCA-3*