

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)Form approved,
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-057210

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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. 346
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 55' FSL + 1200' FWL of Sec 27	10. FIELD AND POOL, OR WILDCAT Mali: G-5A Repress
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3970' GR.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-17S, R-32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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 ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(Other) ☒ Set Csg

(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.)*

Drilled a 7 7/8" hole to 4425'. Ran & set 5 1/2" 14# K-55 csg at 4425' and cemented 350 sacks of class 'C' cement. Top of cement by survey at 2525'. W.O.C. 24 hrs. Tested casing with 1000# for 30 min., held OK.

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

SIGNED [Signature]

TITLE Admin. Supervisor

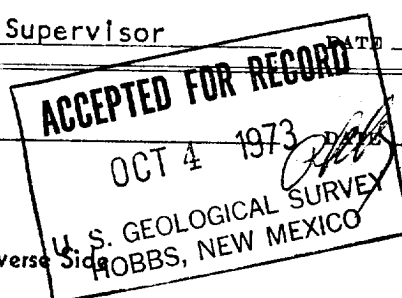
DATE 10-3-73

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side