

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, New Mexico

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

1,345' FSL &amp; 25' FEL of Sec. 27

14. PERMIT NO.

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

3954' GR

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit #4

9. WELL NO.

348

10. FIELD AND POOL, OR WILDCAT

MCA G-5A Region

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

Sec. 27 T-17S R-32E

12. COUNTY OR PARISH 13. STATE

Lea

N. Mex.

16.

## 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\*

Setting Production String X  
(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.)\*Set 5 1/2" 14" casing at 4,400'. Cemented with 430 shock  
Class 'C' cement. PBD 4,348'.

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

SIGNED

*Glenn D. Smith*

TITLE

Admin. Supervisor

DATE 10-25-73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, MCA-3, File

\*See Instructions on Reverse Side

