

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-058698 (a)

6. IF INDIAN, ALLOTTEE OF 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
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Continental Oil Company	MCA Unit
3. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Box 460, Hobbs, NM 88240	349
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface	10. FIELD AND POOL, OR WILDCAT
75 FSL @ 1,295' FWL of Sec. 23	MCA B-5A Refract
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Sec. 23, T-17S, R-32E
15. ELEVATION: (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISH
3780' BR	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 COMPLETION

☐

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) Commencement☒

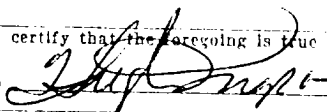
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 10-4-73, and drilled to 860'. Set 8 5/8" 20# Csg. at 860', and cemented with 500 sacks Class "C" Cement. Circulated cement to surface. Tested Csg. with 1000#, held O.K.

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

SIGNED



TITLE Admin. Supervisor

DATE 10-16-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side