

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 MCA
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico 88240	9. WELL NO. 46
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2615' FNL & 1295' FWL, Sec. 21, T-17S, R-32E, Lea County, New Mexico N.M.P.M.	10. FIELD AND POOL, OR WILDCAT Maljamar Repress. (G.S.A.) Pool
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, WT, GR, etc.) 4026 D.F.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-17-32
	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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Perf. Addt'l. Pay & Acid. ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

On latest test, 1-27-67, this well pumped 30 BOPD and no water. In order to increase production it is proposed to perform the following remedial work:

1. Check for fill and run Gamma Ray-Neutron Log.
2. Perforate selected intervals as determined from log.
3. Acidize and fracture intervals perforated.
4. Place well on production.

A subsequent report will be submitted upon completion.

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

SIGNED

TITLE Staff Supervisor

DATE

4-10-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 PARTNERS-12 FILE-2

*See Instructions on Reverse Side