

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**LC 029509 (2)**  
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  
**Box 460, Hobbs, N.M., 88240**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
**2615' FNL & 2615' FWL OF SEC. 21**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**4054' DF**

7. UNIT AGREEMENT NAME  
**MCA**

8. FARM OR LEASE NAME  
**MCA UNIT**

9. WELL NO.  
**44**

10. FIELD AND POOL, OR WILDCAT  
**M/LJ, GSA Reopress**

11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA  
**Sec. 21, T-17S, R-32E**

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)\*

**IT IS Proposed to 60 & Acidize as Follows:  
Clean out to 4045'. Run Tbg w/pkr set AT 3760'  
and OPEN end Tail Pipe to 4000'. Treat w/3000 Gals  
15% Acid in 2-Equal stages and Divert Between Stages  
With 400 Gals. TFW containing 600 # Rock Salt and  
200 # Benzoic Acid. Treat For Scale with 4 Drums of  
Visco 953. Pull Treating Equip. Re-run Production  
Equip & Restore well to Production.**

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

SIGNED **Wm. A. [Signature]** TITLE **Admin. Supv.** DATE **9-23-76**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**  
DATE  
**SEP 24 1976**  
**Bernard Moroz**  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

USGS-5, MCA 4, File