16.

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO. LC 057210

GEOL JICAL SURVEY

SUNDRY NOTIGERS AND REPORTS ON WELLS

6.	IF	INDIAN,	ALLOTTED	OR	TRIBE	MA

		is to drill or to deeper strong back to a different reservoir. ION FOR PERMIT—" for such proposals.)	
1.	OIL GAS WELL OTHER	CLEANOUT INJECTION WELL	7. UNIT AGREEMENT NAME MCA
2.	NAME OF OPERATOR		8. FARM OR LEASE NAME
	Continental Oil Con	mpany	MCA Unit
3.	ADDRESS OF OPERATOR		9. WELL NO.
	P. O. Box 460, Hob		209
4.	See also space 17 below.)	arly and in accordance with any State requirements.* P 1980! FWL Section 28,	aish-Maljamar Pearsall Maljamar Pool
		Lea County, N.M., NMPM.	11. SEC., T., E., M., OR BLE. AND SURVEY OR ABBA
			S-28, T-17,R-32
14.	PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISE 13. STATE
		3952	Lea N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

• • • •						
NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF REPAIRING WELL		
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT ALTERING CASING		
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING ABANDONMENT*		
REPAIR WELL		CHANGE PLANS		· (Other) Cleanout X		
(Other)				(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
ESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting						

SURBER 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.)*

procedures: Released packer and pulled 114 jts of 2" tubing W/Pkr. Ran 2 1/2" tubing W/bit. Cleanout from 3888 to 4025. Ran 114 joints 2" tubing W/Pkr and set @ 3500. After TD 4025, pay - San Andres 3120-4025. Perfs OH 3120-4025. 1-2-66 injected 928 BW in 16 hours @ 1300#. Workover started 12-29-65, completed 1-2-66.

8. I hereby certify that the foregoing is true and correct SIGNED	TITLE .	Staff Supervisor	DATE 2-21-66
(This space for Federal or State office use)	тітью		DATE
CONDITIONS OF APPROVAL, IF ANY: USGS-5 File		acting .	