

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
*LC 029410(a)*

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  *Water Injection*

2. NAME OF OPERATOR  
*Continental Oil Company*

3. ADDRESS OF OPERATOR  
*Box 460 Hobbs, New Mexico 88240*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
*660' F~~W~~ and 660' FWL of Sec 29*

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
*3937 df*

7. UNIT AGREEMENT NAME  
*MCA*

8. FARM OR LEASE NAME  
*MCA Unit #*

9. WELL NO.  
*109*

10. FIELD AND POOL, OR WILDCAT  
*Mali G-SR Repres*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*Sec 29, T-17S, R-32E*

12. COUNTY OR PARISH 13. STATE  
*Lea N. Mexico*

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) *Set casing*

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\*

(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 stimulate and set casing in this well by the following procedures: Set open-hole packer at ± 3930'. Treat w/1000 gals 28% HCL-NE acid. Re-set pkr at ± 3770'. Treat w/ 3000 gals 28% HCL-NE acid. Set 4 1/2" 9.5 # casing at 3633'. Cement w/ 275 sacks class C cement. WOC 24 hours and pressure Test.*

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

SIGNED *[Signature]*

TITLE *Administrative Supervisor*

DATE *6-14-72*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS (5)

FILE

*MCA(3)*

**APPROVED**

JUN 16 1972

ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side