

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

LC 029405 B  
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, New Mexico*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
*1980' FSL & 1980' FWL of Section 20, T-17S,  
R-32E, Lea County, N. Mex.*

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GM, etc.)  
*3977' DF*

7. UNIT AGREEMENT NAME  
*MCA*

8. FARM OR LEASE NAME  
*MCA Unit 1*

9. WELL NO.  
*63*

10. FIELD AND POOL, OR WILDCAT  
*Bank Magamers Basinal  
San Andres Pool*

11. SEC., T., R., M., OR BLK. AND  
SUEVEY OR AREA  
*Sec. 20, T-17S, R-32E*

12. COUNTY OR PARISH  
*Lea*

13. STATE  
*N. Mex.*

RECEIVED

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 COMPLETION <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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) *Deepen in same formation*

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)

*In order to increase production, it is proposed to deepen in the same formation and acidize this well by the following procedure:*

*Squeeze with 2 barrels of scale inhibitor chemical mixed with treated water from 3,508' to 3881'. Drill and clean out hole to 4,105' and deepen to 4,027'. Treat zone with 2,000 gals 20% LSTNE acid. Place well on production.*

USGS-5 *Part 13* FILE

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

SIGNED *M. J. [Signature]* TITLE *Adm. Section Chief* DATE *10-22-68*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 23 1968

A. H. BRIDGEMAN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side