

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE
(Other, instruct
(see side)DATE
ofForm approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill, deepen, or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" (such as Form 9-332.)

LC 057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL
WELL ☐GAS
WELL ☐

OTHER

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 surface1325' FNL + 1325' FNL, Section 28, T-17S,
R-32E, Lea County, New Mexico.

14. PERMIT NO.

15. ELEVATIONS (Show whether BF, RT, CR, etc.)

3795' DF

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

235

10. FIELD AND POOL, OR WILDCAT

McGowan Pools.

(USA) Pool

11. SEC., T., R., or NE, or SW, and

SURVEY OR AREA

28-17S-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

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 routes perti-
nent to this work.)

The following work was performed on the well.
Reperforated casing at 3774, 3781, 3806, 3809, 3873, 3879
and 3889.

Acidized perfor 3769-3964 with 4,500 gallons
20% LSTHE acid.

The well was not sand fraced.

Ran 2 3/8 tubing with packer set at 3695.
Placed well on injection.

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

SIGNED

Robert H. H. H.

TITLE

Adm. Sec. Chief

DATE

6-10-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

USGS-5

Partners-14

File

JUN 12 1968

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER