

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 029410 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

7. UNIT AGREEMENT NAME

MCA

2. NAME OF OPERATOR

Continental Oil Company

8. FARM OR LEASE NAME

MCA Unit 1/1/1

3. ADDRESS OF OPERATOR

Box 460 Hobbs, N.M.

9. WELL NO.

165

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

10. FIELD AND POOL, OR WILDCAT

Mali G-5A Pipers

1980' FSL and 1980' FWL of Sec 30

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 30, T-175, R-32E

14. PERMIT NO.

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

3891' df

12. COUNTY OR PARISH

Dea

13. STATE

N. Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

This well was fractured by the following procedures.

Set packer at 3696'. Froc'd OH 3596'-3903' w/ 40,000 gals treated gelled produced water w/ 60,000 # 20/40 sand in 2 equal stages. Diverted between stages w/ 400 # benzoic acid and 200# rock salt. Work started - 2-7-72 completed - 2-23-72

Test (before) - Pmpd 94 BO and no water. 85 mcf/g  
Test (after) - Pmpd 60 BO and 29 BLW. 51.2 mcf/g

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

SIGNED [Signature] TITLE Admin. Supervisor DATE 2-25-72

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

USGS(5) MCA(3) File

Stamp area with date and other markings.