

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-029406(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Continental oil Co.</i>	8. FARM OR LEASE NAME <i>Proce Mitchell B</i>
3. ADDRESS OF OPERATOR <i>Box 460 Hobbs, N. Mex</i>	9. WELL NO. <i>3</i>
4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1980' FSL and 660' FEL of Sec 5</i>	10. FIELD AND POOL, OR WILDCAT <i>Malj G-5A</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4112' df</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 5, T-17S, R-32E</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N. Mexico</i>

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 COMPLETE <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 type="checkbox"/>	(Other) <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.) *

It is proposed to acidize as follows: Set packer at 3809' and treat open hole 3855'-4077' w/ 1500 gals 15% HCL - NE acid.

18. I hereby certify that the foregoing is true and correct
SIGNED *Robert Gault* TITLE *Admin Supervisor* DATE *2-2-73*
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

11525 E. 10.