

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1124.
5. LEASE DESIGNATION AND SERIAL NO.

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 Ync A Unit
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Ync A Unit
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 14
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 40' FSL + 40' FEL of Sec. 17, T-17S, R-32E, Lea Co., N.M.	10. FIELD AND POOL, OR WILDCAT Malheur H-S-A
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T-17S, R-32E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4042'	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) *Complete from Int. to Prod.*

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.)*

Spotted 2504 class "C" cmt at 4015'.
Top cmt 4015'. 2nd OH 3920'-4015' w/3126
gallons 15 PC 6X retarded acid. Ran
prod. equipment. Placed well on prod.

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

SIGNED

TITLE Adm. Supervisor

DATE 12-2-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 FILE

Ync A Pattern (3)

*See Instructions on Reverse Side

RECEIVED

APR 16 1970

U.S. CONSTITUTION COMMISSION
WASHINGTON, D.C.