

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-029509(2)

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 88240

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

At surface

1980' FNL + 1980' FEL Sec. 21, T-17-S, R-32E,
Socorro County New Mexico

14. PERMIT NO.

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

4056' DF.

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

MCA Unit Blk 2

9. WELL NO.

43.

10. FIELD AND POOL, OR WILDCAT

Malyman G-SA

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

Sec. 21, T-17S, R-32E.

12. COUNTY OR PARISH

Socorro

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

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☐
☒
☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐

(NOTE: Report results of multiple completion or 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 clean out the subject to 4100'
acidize the San Andres (open hole) with approx. 7000
gals of 20% LSTNE acid.
Run producing equipment and restore to production.

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

SIGNED

M. E. [Signature]

TITLE

Asst. Supervisor

DATE

11-4-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, MCA Basin, 716

TITLE

DATE

APPROVED

NOV 5 1978

ARTHUR R. BROWN
DISTRICT

*See Instructions on Reverse Side

RECEIVED

1 1970

OIL CONSERVATION COM. ALBANY, N.Y.