

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029509-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

43

10. FIELD AND POOL, OR WILDCAT

Baish Malj. Pearsall Field
Maljamar San Andres Pool11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

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

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well or to 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"/>		FEB 24 12 46 PM '65	
2. NAME OF OPERATOR Continental Oil Company			
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico			
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 of Sec. 21, T-17S, R-32E, Lea County, New Mexico, NMPM.			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4036' DF	

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) Repair casing leak ☒(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

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.)*

The casing leak in the MCA Unit No. 43 was repaired in the following manner:

Latest test dated 11-25-64, pmpd 15 BO in 24 hrs W/52.2 MCFGPD. GOR 3480. Daily allow 11BO. Work done- set cmt retainer @ 1701' & cmtd W/200 sx class c cmt (salt saturated) W/.5% D-60. Drld retainer & cmt plug. Press tested to 1000#. Would not hold. Ran cmt retainer and set @ 1682'. Cmtd W/100 sx class C cmt W/.5% Halad 9 and salt saturated. Tested W/1000# for 30 min. Tested OK. Cleaned out sand to 3924'. After workover - TD 4119 lm, No change in PBD, DF AGL, DF Elev, Csg Pt, Pay or Perfs. Well is now pmpg 100% wtr, but oil prod is expected after wtr seepage has been pmpd off. Daily allow 15 BO. Workover started 2-1-65, completed 2-10-65.

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

SIGNED SIGNED: ROBERT GAULT IIITITLE Staff SupervisorDATE 2-23-65

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

USGS-5, NMOCC -2, JM

*See Instructions on Reverse Side