

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instruction: 1 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

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

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

660' FSL & 660' FWL, Section 21-17S-32E,
Lea County, New Mexico, NMMP

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit Bailey 2

9. WELL NO.

93

10. FIELD AND POOL, OR WILDCAT
Baish-Mali-Pearsall Fld
Mali-San Andres Pool

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

Sec. 21-17-32

14. PERMIT NO.

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

4004 DF

12. COUNTY OR PARISH 13. STATE

Lea

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) Deepen*

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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.)*

Drilled plugs 3786-3831; cleaned out 3940-4065 (TD).

*Well was not deepened because circulation could not be established.

Workover started 7-30-64. Completed 8-6-64. Tested 9-7-64.

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

SIGNED Staff Supervisor

TITLE Staff Supervisor

DATE 9-28-64

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE APPROVED

DATE

USGS(5) NMOCC(2) JM

*See Instructions on Reverse Side

U. L. GORDON
ACTING DISTRICT ENGINEER