

(May 1968)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42 R1124.

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 88240

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

At surface 660' FSL + 1980' FWL, Section 21, T-17S, R-32E, Lea County, New Mexico

14. PERMIT NO.

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

4014' DF

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit Bty. 2

9. WELL NO.

92

10. FIELD AND POOL, OR WILDCAT

Maljamar Repress (25A) Pool

11. 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.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)*

In order to remove a scale problem and increase production it is proposed to acidize the well with 3,000 gallons 20% LSTNE acid, frac with 20,000 pounds sand and 20,000 gallons gelled formation water and treat with 3 drums Visco 959. Return well to production.

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

SIGNED

Robert Paul *Adm. Sec. Chief*

DATE *3-8-68*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 Partners-15 File

*See Instructions on Reverse Side

APPROVED
MAR 11 1968
A. H. BROWN
DISTRICT ENGINEER