

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit Battery 3
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 71
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL and 660' FEL of Section 21, T-17S, R-32E, Lea County, New Mexico	10. FIELD AND POOL, OR WILDCAT Maljamar Repress (GSA) Pool
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4041 GL
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-17S, R-32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

The following work was performed on the well.

Fraced 3635-3850 with 20,000 gallons lease crude and 20,000 # sand and 1000 # "Adomite" fluid loss additive. Treated 3695-3850 with 55 gallons Surflo H-35, 20 barrels water, 5 gallons Surflo S-32 and 50 barrels water. Cleaned out to 4158 and ran GR+N log 3600-4148. Acidized 3902-4158 with 6000 gallons 20% HCl and 500 gallons HV acid. Treated 3902-4158 with 110 gallons Surflo-H-35 and 40 barrels water. Ran 4119' tubing, set pumping unit and placed well on production.

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

SIGNED

Robert Gault III

TITLE

Adm. Sec. Chief

DATE

1-10-68

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

JAN 15 1968

DATE

USGS-5 Partners-15 File

J L GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side