

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

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME *Battery 3*MCA Unit *12*

9. WELL NO.

71

10. FIELD AND POOL, OR WILDCAT
Baish Malj. Pearsall Fd.
Grayburg San Andres Pool11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

21-17-S 32-E

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 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

P. O. Box 460

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

At surface

1980' FSL & 660' FEL of Section 21, T-17S,
Range 32E, Lea County, New Mexico, NMPM.

14. PERMIT NO.

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

4041 GL

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.)*

To eliminate water channelling behind the production casing from the Yates formation the production casing was perforated and re-cemented in the following procedure:

Perf 2 shots @ 2365. Cmt. perfs at 2365 W/400 sx Class "C" salt saturated cmt. Perf 2 holes @ 2050. Cmt. through perfs @ 2050 W/500 sx Class C salt saturated Cmt. Ran bit and drilled plug 1900-2050. Ran tbg to 3763. Seating nipple at 3733. IP flowed 14 Bbls 37 deg gravity oil, 0 BW in 24 hrs. W/84 MCFGPD on 14/64" chk. CP 250 lbs. TP 100 lbs. GOR 5971. Workover started 3-30-65, Completed 4-6-65. Tested 4-14-65.

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

SIGNED SIGNED: ROBERT GAULT IIITITLE Staff SupervisorDATE 4-15-65

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APPROVED

USGS-5, NMOCC-2, JM

*See Instructions on Reverse Side

APR 20 1965

J. L. GORDON
ACTING DISTRICT ENGINEER