(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.: LC 029509 b

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☐ GAS WELL ☐ OTHER: injection well

7. UNIT AGREEMENT NAME: MCA

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: MCA Unit Btry 3

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.: 87

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL and 1980' FWL of Sec 22

10. FIELD AND POOL, OR WILDCAT: Maljamar G-SA Rpmsn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 22, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4002' df

12. COUNTY OR PARISH: Lea

13. STATE: N. Mex

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☒	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			☐
(Other)				(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.)*

This well was stimulated by the following procedures. Ran OH packer and set at 4114'. Tstd OH 4114'-4134' W/1000 gals 15% HCL-NE acid. Ran 2 3/8" tbg and set at 4075' W/packer set at 3561'. Placed back on injection.

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

SIGNED: Dwight Dingra TITLE: Administrative Supervisor DATE: 12-28-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) File MCA(3)

*See Instructions on Reverse Side