

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 058692(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 and 1980' FEL of Sec 23

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4007' of

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit

9. WELL NO.
81

10. FIELD AND POOL, OR WILDCAT
MCA G-SA Repair

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 23, T-17S, R-32E

12. COUNTY OR PARISH 13. STATE
Hood N. Mexico

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 COMPLETS ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☒

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Frac'd down casing w/ 49000 gals treated gelled produced water and 89,800 # 20/40 sand. Diverted w/ 400 # benzoic acid and 300 # rock salt.

Completed - 7-5-72

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

SIGNED

Robert Gault

TITLE Administrative Supervisor

DATE

8-9-72

(This space for Federal or State office use)

APPROVED BY

TITLE

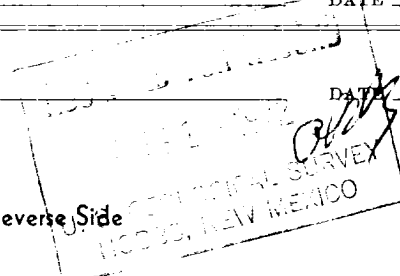
CONDITIONS OF APPROVAL, IF ANY:

USGS (5)

FILE

MCA(3)

*See Instructions on Reverse Side



RECEIVED

ACC 11 1970

AL CONSERVATION SOCIETY
HOBBS, N. M.