Form 9-331
(May 1963)

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-058697 (b)

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: MCA

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: MCA Unit Btyd

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

9. WELL NO.: 128

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1345' FNL & 1345' FWL of Sec. 25, T-17S, R-32E, Lea County, New Mexico

10. FIELD AND POOL, OR WILDCAT: Maljamar GSA Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 25, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4014' 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	X	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.)*

It is proposed to treat this well with 20,000 gals. G-SA Water containing 1 gal. "ADOMALL", 25# "ADOMITE AQUA" and 40# GUAR (Gel) per 1000 gal. and 30,000 # 20-40 mesh sand. Restore well to production.

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

SIGNED M. E. Yeakley TITLE Adm. Section Chief DATE 5-26-70.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAY 28 1970
ARTHUR R. BROWN
DISTRICT ENGINEER

USGS-5 FILE

*See Instructions on Reverse Side