

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-057210

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 ☒ Water Injection

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, NM 88240

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

1980' FSL and 1980' FEL of Sec 27

14. PERMIT NO.

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

3958' df

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

184

10. FIELD AND POOL, OR WILDCAT

Maly G-SA Report

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 27, 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:

TEST WATER SHUT-OFF

☐
☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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 Recombination 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.)*

Cleaned out to 4176'. Set OH packer at 4069' and treated OH 4069'-4176' w/ 3000 gals 28% NE acid. Set packer @ 3483' w/ 9pts tension and returned to injection. Completed-6-8-73

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

SIGNED

Thy D...

TITLE

Sr. Analyst

DATE

6-15-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

JUN 18 1973

*See Instructions on Reverse Side

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COPY TO G. C. I.

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See also space 17 below.)
At surface

1980' FSL and 1980' FEL of Sec 27

14. PERMIT NO.

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3958' df

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FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

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CHANGE PLANN

SUBSEQUENT REPORT OF:

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SHOOTING OR ACIDIZING

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nent to this work.) *

Set OH packer @ 4070' and acid frac w/
3000 gals 28% HCL - NE acid. Swab back
good and return to injection.

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

SIGNED

TITLE

DATE

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APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 15 1973

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5 FILE

MCA-3