

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.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME MCA Unit.
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME MCA Unit 1+13
3. ADDRESS OF OPERATOR Box 460 Hobbs, New Mexico		9. WELL NO. 180
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL + 660' FWL of Sec. 27, T-17S, R-32E Lea County, New Mexico		10. FIELD AND POOL, OR WILDCAT Maljames G-SA
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-17S, R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3979		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE FRANS	<input type="checkbox"/>
(Other) Convert to Waterflood Injection	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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 cleanout and deepen the subject well an additional 79' to 4170'. Treat the open hole section with 3,000 gal. of 15% LSTNE acid and place on injection.

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

SIGNED

M. E. Heath

TITLE

Asst. Supervisor

DATE

11-10-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

2212-5 JHC

TITLE

APPROVED

NOV 12 1970

DATE

\*See Instructions on Reverse Side

RECEIVED

10/17/1970

U.S. CONSERVATION COMMISSION  
WASHINGTON, D.C.