

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

175

10. FIELD AND POOL, OR WILDCAT

Baish-Maly-Pearsall Field
Maljamar Pool11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

S-28, T-17S, R-32E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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, N.M.

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 Section 28, T-17S,
R-32E, Lea County, New Mexico.

14. PERMIT NO.

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

3959 DF

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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Convert to Injection

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Unseated packer, pulled tubing. Tagged bottom W/depth meter.

(3970). Ran tubing and Guiberson shorty tension packer set at 3513'.

Set packer W/14 points tension. Ready for injection.

Workover started 8-5-65. Completed 8-6-65.

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

SIGNED

Paul R. Stephens

TITLE

Staff Supervisor

DATE

10-11-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

USGS-5, NMOCC-2, PARTNERS 12, FILE -2

*See Instructions on Reverse Side

OCT 14 1965

J. L. GORDON
ACTING DISTRICT ENGINEER