

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-11424.

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.)

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 Battery 3

9. WELL NO.

176

10. FIELD AND POOL, OR WILDCAT

Maljamon Repress

G-S-A. Pool

11. SEC., T., R., M., OR BLM. AND

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

12. COUNTY OR PARISH

Tee

N. Mex.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. 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

1980' FSL & WL of Sec. 28, T-17S, R-32E,

in Tee County, N. Mex.

14. PERMIT NO.

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

3954' 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)

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.)*

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

It is proposed to deepen this well from the 8th to 9th zone by the following procedure:

Core from 4032' to a new TD of 4100'. Run GR/N log from 4100' to 3500'. Treat 6th & 7th zone with 250 gals 15% LSTNE acid, 1 drum TH-763 in 20 bbls. tested G-SA water and 85661 flush. Treat 9th zone with 1,000 gals 15% acid, 1 drum TH-763 in 20 bbls. G-SA water, and 85661 flush. Re-run producing equipment & place well on production.

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

SIGNED

M. E. Yeakley

TITLE Adm. Section Chief

DATE

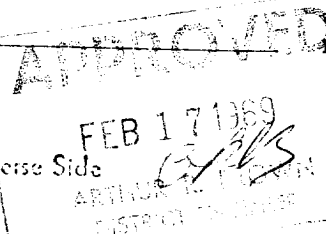
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



*See Instructions on Reverse Side