

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-029410(a)
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 **Box 460 Hobbs, N.Mex**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FNL and 660' FEL of Sec 29

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME **MCA**
8. FARM OR LEASE NAME **MCA Unit**
9. WELL NO. **154**
10. FIELD AND POOL, OR WILDCAT **Mali' G-SA Repress**
11. SEC. OF, R., M., OR BLK. AND SURVEY OR AREA **Sec 29, T-17S R-32E**
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 ☐
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) **setting liner** ☒
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒
(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.)*

Treated OH 3981'-3844' w/ 3000 gals 28% HCL-NF acid. Ran 4 1/2'; 9.5# casing and set at 3703'. Cemented w/ 300 sacks class C cement. Completed 6-17-72

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

SIGNED

Robert Smith

TITLE

Admin. Supervisor

DATE

11-10-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

NOV 15 1972

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

NOV 21 1972

OIL CONSERVATION COM.
HOUSTON, TEX.