(May 1963)

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

GEOLOGICAL SURVEY

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.)

7. UNIT AGREEMENT NAME: MCA

1. OIL WELL ☐ GAS WELL ☐ OTHER: Water Injection

8. FARM OR LEASE NAME: MCA Unit

2. NAME OF OPERATOR: Continental Oil Company

9. WELL NO.: 213

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, New Mexico 88240

10. FIELD AND POOL, OR WILDCAT: Maljamar G-SA Pressure

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL and 1980' FWL of Sec 29

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 29, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3918' GL

12. COUNTY OR PARISH: Lea

13. STATE: N. Mex

SEP 29 1971
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | ☐ | PULL OR ALTER CASING | ☐ | WATER SHUT-OFF | ☐ | REPAIRING WELL | ☐ |
| FRACTURE TREAT | ☐ | MULTIPLE COMPLETE | ☐ | FRACTURE TREATMENT | ☐ | ALTERING CASING | ☐ |
| SHOOT OR ACIDIZE | ☒ | ABANDON* | ☐ | SHOOTING OR ACIDIZING | ☐ | ABANDONMENT* | ☐ |
| REPAIR WELL | ☐ | CHANGE PLANS | ☒ | (Other) | | | |
| (Other) deepen - same zone | | | | (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.)*

Go in hole w/ 6 1/8" bit and drill to a new TD of 4170'. Circ and jet OH interval. Set packer at ± 4060'. Treat w/ 5000 gals 15% HCL-NE acid at 5 BPM at 2400 psi. Run cement-lined tubing and place back on injection.

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

SIGNED: [signature] TITLE: Administrative Supervisor DATE: 9-24-71

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
SEP 29 1971
ARTHUR R. BROWN
DISTRICT ENGINEER

USGS (5) File MCA(3)

*See Instructions on Reverse Side