

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other Instructions on  
reverse side)

COPY TO O. C. C.  
Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC029410a

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 ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460 Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

660' FNL and 1980' FNL of Sec 29

14. PERMIT NO.

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

3956' df

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit A

9. WELL NO.

110

10. FIELD AND POOL, OR WILDCAT

Mali G-SH Repres

11. SEC., T., 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

☐  
☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒  
☒  
☒  
☐  
☐

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(Other)

(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.)\*

This well was stimulated by the following procedures.

Set OH packer at 3975'. Treated w/ 1850 gals 20% retarded acid. Set OH packer at 3680'. Treated OH 3680' to 3765' w/ 20,000 gals treated produced water and 35,000 # 20/40 sand. Placed back on production.

Work compl. 12-20-71

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

SIGNED

*[Signature]*

TITLE

Admin Supervisor

DATE

1-14-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

USGS(5) MCA(3) File