

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLE COPY  
(Other instructions on reverse side)Form approved  
Bureau No. 42-111.1

5. LEASE DESIGNATION AND SERIAL NO.

LC 666199(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 ☐

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' FAL and 1980' FWL of Sec 29

7. UNIT AGREEMENT NAME

MCH

8. FARM OR LEASE NAME

MCH Unit #1

9. WELL NO.

110

10. FIELD AND POOL, OR WILDCAT

MCH, G-SH Rpt.

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, CR, etc.)

3956 DF

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)

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 and 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.)

It is proposed to stimulate this well by the following procedures. Run GR-N log and caliper CH. Treat 4th zone w/ 1500 gals. 20% Ret. acid at 1/2-1 1/2 BPM rate. Treat 7th zone w/ acid free by pumping 1500 gals. acid, prod water containing 50 # Hydromax Aqua and 40 # Guar (gal) per 1000 gals. at 10 BPM. Follow w/ 5000 gals. 15% HCL-NE acid. Treat 6th zone w/ 20,000 gal acid prod water and 35,000 # 20/40 sand at 15-20 BPM rate and overflush w/ 10 BW. Place back on production.

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

SIGNED

TITLE Adm. Supervisor

DATE

5-17-71

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

MAY 18 1971

ARTHUR R. BROWN  
DISTRICT ENGINEER

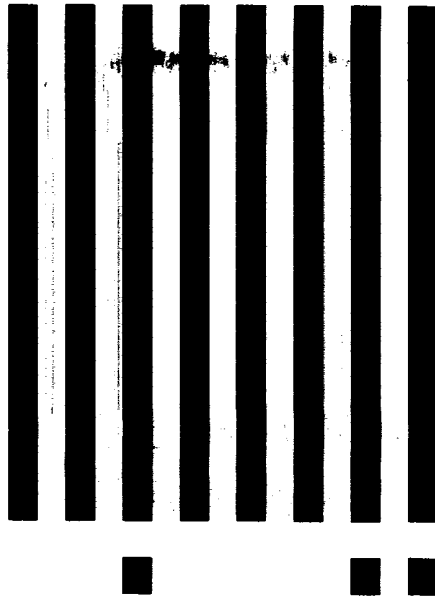
USGS (5) File

\*See Instructions on Reverse Side

**RECEIVED**

**MAY 20 1971**

**OIL CONSERVATION COMM.  
HOBBS, N. M.**



**LTR**



**Job separation sheet**

NO. OF COPIES RECEIVED	
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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator CONTINENTAL OIL COMPANY	
Address P. O. BOX 460, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	TO SHOW DUAL PIPELINE CONNECTION EFFECTIVE 10-1-70.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease
Lease Name MCA UNIT BATTERY 2		110	MALJAMAR REPRESS. (G-SA)	State, Federal or Fee <u>Federal</u>
Location		Feet From The <u>West</u>		
Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u>				
Line of Section <u>29</u> , Township <u>17</u> Range <u>32</u> , NMPM, LEA County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline	P. O. BOX 1510, MIDLAND, TEXAS					
NAVAJO PIPELINE	NORTH FREEMAN AVENUE, ARTESIA, NEW MEXICO					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
CONTINENTAL OIL CO. PLANT NO. 60	P. O. BOX 2197, HOUSTON, TEXAS					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	28	17	32	YES	NA

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]  
ADMINISTRATIVE SUPERVISOR  
(Title)

10-8-70

OIL CONSERVATION COMMISSION

APPROVED 10-24-1970, 19

BY John W. Runyan  
TITLE Commissioner

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of own well name or number, or transporter, or other such change of condition.