

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R1424.

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 88240

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' FWL of Sec 29

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3926' df

5. LEASE DESIGNATION AND SERIAL NO.
LC-~~060199(a)~~
029410(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit

9. WELL NO.
158

10. FIELD AND POOL, OR WILDCAT
Malj G-5A Repress

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 29, T-17S, R-3E

12. COUNTY OR PARISH
Hood

13. STATE
N. Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

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.)*

Set OH packer at $\pm 3800'$. Acid frac w/ 6,000 gals 28% HCL-NE acid. Set OH packer at $\pm 3680'$. Frac w/ 20,000 gals treated produced water and 40,000 # 20/40 sand.

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

SIGNED

Robert Gault III

Administrative Supervisor

DATE

8-1-72

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

USGS(5)

FILE

MCA(3)

*See Instructions on Reverse Side

APPROVED
AUG 2 1972
ANTHONY A. BROWN
DISTRICT ENGINEER

RECEIVED

AUG 16 1972

OIL CONSERVATION COMM.
HOBBS, N. M.