

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-01121

5. LEASE DESIGNATION AND SERIAL NO.

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

P.O. Box 460, Hobbs, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1295' FSL + 1345' FEL of Sec. 29, T-17S, R-32E,
Lea County, N.M.

7. UNIT AGREEMENT NAME

MCA Unit Regt.

8. FARM OR LEASE NAME

MCA Unit Regt. 2

9. WELL NO.

172

10. FIELD AND POOL, OR WILDCAT

MCA Unit Regt.

11. SEC., T., R., OR BCK. AND SURVEY OR AREA

Sec. 29, T-17S, R-32E

14. PERMIT NO.

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

3932 DJ

12. COUNTY OR PARISH

Lea N.M.

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) Deepen 50' & stimulate

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.)*

Work done: On 3-24-71 Intd OH 3795-3788'
w/500 gals 15% HF acid + 30,000 gal
gelled wtr, 55,000# 20-40 ad.
Drilled 6 1/8" hole to new TD 4050'.
Intd OH 4010-4050 w/1500 gals
gelled wtr and 5000 gals 20% LSTAF
acid. Ran prod. equipment and
placed well on prod.
Work completed 4-2-71.
Test: On 4-18-71 pumped 186 BO + 95 BW in
24 hrs.

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

SIGNED

[Signature]

TITLE

Administrative Assistant

DATE

4-19-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USCIS (5) MCA (3) File

*See Instructions on Reverse Side

GEOLOGICAL SURVEY
HOBBES, NEW MEXICO