

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-811215. LEASE DESIGNATION AND SERIAL NO.  
**LC 060199 (a)**

6. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                              | 7. UNIT AGREEMENT NAME<br><b>MCA</b>                             |
| 2. NAME OF OPERATOR<br><b>Continental Oil Company</b>                                                                                                                                                                         | 8. FARM OR LEASE NAME<br><b>MCA Unit</b>                         |
| 3. ADDRESS OF OPERATOR<br><b>Box 460, Hobbs, New Mexico</b>                                                                                                                                                                   | 9. WELL NO.<br><b>155</b>                                        |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><b>1980' FNL. and 1980' FEL. of Sec 29, T-17S,<br/>R-32E, Lea County, New Mex.</b> | 10. FIELD AND POOL, OR WILDCAT<br><b>Mali' G-SA Res.</b>         |
| 14. PERMIT NO.                                                                                                                                                                                                                | 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br><b>3950 GL</b> |
| 12. COUNTY OR PARISH<br><b>Lea</b>                                                                                                                                                                                            | 13. STATE<br><b>N. Mex</b>                                       |

## 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) **C/O and Stimulate**PULL OR ALTER CASING ☐MULTIPLE COMPLETION ☐ABANDON\* ☐CHANGE PLANS ☐**X**

## 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 clean out ~~the~~ and stimulate this well by the following procedures.

Run base temp. differential log from 3300 to T.D.

Run T.D. Log. Proc in 3 stages consisting of 20,000 gal. prod. water containing 25# "Adomite Aqua" and 40# Guar (gel) per 1000 gals and 35,000 # 20/40 sand. Run T.D. log after each stage and divert w/ benzoic acid in gelled water. Plug back on subsurface hydraulic pump.

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

SIGNED *John Smith*TITLE Adm. SupervisorDATE 5-13-71

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

1971

RECEIVED

MAR 1 1971

OIL CONSERVATION COMM.  
HOBBES, H. W.