

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 0294106

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit #1
3. ADDRESS OF OPERATOR Box 460 Hobbs, New Mexico	9. WELL NO. 105
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 30	10. FIELD AND POOL, OR WILDCAT Mali G-SA Repres
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, 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 ☐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 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.)*

It is proposed to stimulate this well by the following procedures. Run 2 7/8" xbg w/ OH packer and set at $\pm 3850'$. Treat w/ 3000 gals 20% HCL-NE acid. Set OH packer at $\pm 3690'$. Acid frac w/ 2000 gals gelled water and 5000 gals 15% HCL-NE acid. Set OH packer at $\pm 3600'$. Frac 6th zone w/ 30,000 gals Ttd produced water and 45,000 # 20/40 sand. Place back on production.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 26 1972

*See Instructions on Reverse Side

ARTHUR R. BROWN
DISTRICT ENGINEER

USGS(5) MCA(3) File