

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.

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 ☒ *Water Injection*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 1980' FWL of Sec 30*

14. PERMIT NO.

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

3879' df

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit 11/1

9. WELL NO.

162

10. FIELD AND POOL, OR WILDCAT

*Mali G-SA Repress*11. SEC., T., R., M., OR BLK. AND
SUBSURFACE AREA*Sec 30, T-17S, R-32E*

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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) *Set casing*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 and set casing in this well by the following procedure: Set open hole packer at $\pm 3928'$. Treat w/ 500 gals 28% HCL - NE acid. Set $4\frac{1}{2}''$ 9.5 # casing at $\pm 3640'$. Cement w/ 250 sacks Class C Cement. WOC 24 hours and pressure test.

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

SIGNED *[Signature]*

Administrative Supervisor

DATE

6-14-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
JUN 16 1972ARTHUR R. BROWN
DISTRICT ENGINEER

USGS(5)

FILE

MCA(3)

*See Instructions on Reverse Side