

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 ☐	2. NAME OF OPERATOR Continental Oil Company	3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, NM 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL and 1980' FEL of Sec 30	5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3895' df	6. UNIT AGREEMENT NAME MCA	7. FARM OR LEASE NAME MCA Unit	8. WELL NO. 216	9. FIELD AND POOL, OR WILDCAT Maly G-SA Repress	10. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T-17S, R-32E	11. COUNTY OR PARISH Lea	12. STATE NM
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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.)*

Drilled 6 1/4" hole 4000' to 4090'. Set OH packer at 3760' and acidized w/ 1000 gals 15% acid. Frac'd w/ 50,000 gals treated gelled water, 109,000# 20/40 SD and 4,000 gals 15% acid in 3 stages. Completed - 9-18-73

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

SIGNED

TITLE Admin. Supervisor

DATE

9-18-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
SEP 20 1973U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

USGS-5 FILE

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