

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

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-059001

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

560' FNL + 660' FEL of Sw. 33, T-17S, R-32E,
Lea County, N.M.

7. UNIT AGREEMENT NAME

MCA Unit Repr.

8. FARM OR LEASE NAME

MCA Unit 1/2

9. WELL NO.

224

10. FIELD AND POOL, OR WILDCAT

MCA Unit Repr.

11. SEC. T., R., M., OR BLK. AND
SURVEY OR AREA

Sw. 33, T-17S, R-32E

14. PERMIT NO.

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

39516L

12. COUNTY OR PARISH

Lea

13. STATE

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

Cleanout + Stimulate

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.)*

2D 4215', PBD 4092'. It proposed to drill
out plug + cleanout well to 4155'.
acidize w/1000 gals 20% 6X retarded acid
in 2 equal stages.
Run prod equip. and place well on prod.
work to start upon approval.

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

SIGNED

M.E. Yeakley

TITLE

Administrative Supervisor

DATE

4-5-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS(5) MCA(3) 2100

*See Instructions on Reverse Side

RECEIVED

APR 13 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**