

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
reverse 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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Continental oil Co.

3. ADDRESS OF OPERATOR
Box 460 Hobbs, N. Mex

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660' FNL and 660' FWL of Sec 34

14. PERMIT NO.

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-059002

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit Bly 3

9. WELL NO.

226

10. FIELD AND POOL, OR WILDCAT

Maly G-SA Repress

11. SECTION, R., M., OR BLK. AND SURVEY OR AREA

Sec 34 T-17S R-32E

12. COUNTY OR PARISH 13. STATE

Lea 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.)*

Set OH pocker at 4165' - 4170'. Acid frac w/ 4000 gals 28% HCL - NE acid. Re-set pocker at 3900'. Treat OH w/ 30,000 gals treated produced water and 60,000 # 20/40 Sand.

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

SIGNED

Robert Dault III

TITLE

Admin. Supervisor

DATE

10-19-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

OCT 20 1972

DATE

[Signature]

*See Instructions on Reverse Side

USGS(S) MCA(3) File

RECEIVED

OCT 24 1972

OIL CONSERVATION COMM.
HOBB, N. M.