

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME <b>MCA</b>
2. NAME OF OPERATOR <b>CONTINENTAL OIL COMPANY</b>	8. FARM OR LEASE NAME <b>MCA UNIT</b>
3. ADDRESS OF OPERATOR <b>Box 460 HOBBS, N.M. 88240</b>	9. WELL NO. <b>21</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>660' FNL &amp; 660' FEL OF SEC. 19</b>	10. FIELD AND POOL, OR WILDCAT <b>MALJ. G-SA REPRESS.</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3967' DF</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 19, T-17S, R-32E</b>
	12. COUNTY OR PARISH <b>LEA</b>
	13. STATE <b>N.M.</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> <b>DEEPEN &amp; STIM.</b>		

(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.) \*

Cleaned out to TD 4030'. Deepened to 4035' & treated  
w/2000 gals 28% acid. Re-ran prod. eqpt.  
Work started 6-12-75, completed 6-24-75.

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

SIGNED

TITLE

**SR. ANALYST**

DATE

**7-10-75**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 14 1975

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

**USGS-5, MCA-4, File**

\*See Instructions on Reverse Side