

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.

LC 029405(a)

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

Deepen & Stimulate

X

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 pull stuck tubing, cleanout, deepen 5' and stimulate the 9th Massive Zone w/ 2000 gals. 28% acid. Clean out any scale & inhibit w/ chemicals. Return to prod.

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

SIGNED

TITLE

SP. ANALYST

DATE

5-6-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, MCA-4, File

*See Instructions on Reverse Side

Jim. L. L.