

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Only instructed on the
reverse side)FIELD FILE NO.
Budget Form No. 42 B111
3. LEASE DESIGNATION AND SERIAL NO.

LC-029405(7)

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 ☐	7. UNIT AGREEMENT NAME MCA Unit Repl.
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit #1
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M.	9. WELL NO. 259
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL + 860' FEL of Sec. 19, T-17S, R-32E, Lea Co., N.M.	10. FIELD AND POOL, OR WILDCAT Maj. D-SA Repl.
14. PERMIT NO.	11. SEC., T., R., M., OR BKG. AND SURVEY OR AREA Sec. 19, T-17S, R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3949' DJ.	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) ☒ Perf + StimulatePULL 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.)

It is proposed to perf at 3985', 3991'
and 3995' w/ 25 PF. Radix's perfs
w/ 5000 gals 15 PC retarded acid.

Re-run prod. equipment - Place well
back on production.

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

SIGNED _____

TITLE Administrative Asst.DATE 2-16-71

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
FEB 17 1971ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse