

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(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 ☐ GAS WELL ☐ OTHER ☒ Water Injection

2. NAME OF OPERATOR  
Continental Oil Company

3. ADDRESS OF OPERATOR  
Box 460 Hobbs N. Mexico

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

1980' FNL and 1980' FWL of Sec 19

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3955' df

7. UNIT AGREEMENT NAME  
MCA

8. FARM OR LEASE NAME  
MCA Unit 134/1

9. WELL NO.  
54

10. FIELD AND POOL, OR WILDCAT  
Maj G-SA Repres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 19, T-17S, R-32E

12. COUNTY OR PARISH  
Choa

13. STATE  
N. Mexico

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) ☒ deepen 20' X

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.)

It is proposed to deepen and stimulate this well by the following procedures: Clean out and drill to new TD of 4020' (70'). Set OH packer at 3915' - 3925' and treat w/ 2000 gals 28% HCL-NE acid.

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

SIGNED Robert Bault III

TITLE Admin. Supervisor

DATE 12-22-72

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DEC 22 1972

DATE

\*See Instructions on Reverse Side

USGS-5 MCA-3 File