

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on the
reverse side)Form approved:
Budget Bureau No. 42-01441

5. LEASE DESIGNATION AND SERIAL NO.

LC-629405 (2)

6. INDIAN, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

MCA

8. PARTIAL OR LEASE NAME

MCA Unit 11-1

9. WELL NO.

55

10. FIELD AND POOL, OR WILDCAT

Cmoli-G-5A Repr.

11. SEC., T., R., V., OR BLE. AND
SURVEY OR AREA

Sec 19, T-17S, R-32E

1.

OIL
WELL ☒ GAS
WELL ☐ OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico

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

1980' FNL + 660' FWL of Sec 19,

14. PERMIT NO.

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

3943' DF

12. COUNTY OR PARISH

Lea

13. STATE

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 perti-
nent to this work.)*

This well was cleaned out & fraced by the following procedures.

Drilled out cement plug to 3977'. Perf. 4 1/2" liner
at 3624', 3634', 3645', 3659' + 3662' w/ 115 PF. Treated OH from
3904' to 3977' w/ 2000 gals 6X-20% acid followed w/ a
18,200 gals treated w/ 429,700 # sand frac. Ran 2 7/8"
log & set at 3924'. Work completed on 5-7-71.

Pumped 94 BO + 4 BW in 24 hrs on 5-19-71

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

SIGNED

TITLE Adm. Supervisor

DATE 5-20-71

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 25 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**