

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instruction
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029405CA

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
P. O. Box 460, Hobbs, NM 88240

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

1980' FNL and 660' FEL of Sec 20

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit 1

9. WELL NO.

48

10. FIELD AND POOL, OR WILDCAT

Maly' G-5A Repress

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

Sec 20, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. PERMIT NO.

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

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 27' 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.)*

*Cleanout to TD and drill out 27' to new TD
of 4110'. Set OH packer at 4030'-4040' and
treat w/ 1000 gals 28% acid. Set packer at
± 3600' and proc w/ 15,000 gals treated water
and 30,000 # 20/40 sand.*

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

SIGNED

ME Peakley

TITLE *Admin. Supervisor*

DATE *8-2-73*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AUG 3 1973

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5 FILE

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