

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1421.
3. 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 ☐	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit 1/1
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, NM 88240	9. WELL NO. 50
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 20	10. FIELD AND POOL, OR WILDCAT Maj G-5A Ryress
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 20 T-17 S R-32 E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3982' df	12. COUNTY OR PARISH Lea
	13. STATE NM

18. 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 pertinent to this work.)*

Set 4 1/2", 9.5 # casing at 3733' and cemented w/300 sacks class C cement. Perf w/15 spf at 3669', 73', 77', 81', 85' and 3689'. Acidized w/1000 gals 1590 HCL-NE acid. Frac'd w/19,000 gals gel wtr and 29,000 # 20/40 sand. Set packer at 3585' and placed on injection.

Completed -9-18-73

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

SIGNED

TITLE Admin. Supervisor

DATE

9-18-73

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

