

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLIC
(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 ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs N.M., 88240

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

1980' FNL & 660' FUL OF SEC. 20

1976

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA UNIT 14

9. WELL NO.

51

10. FIELD AND POOL, OR WILDCAT

MALI 6-SA Repress

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

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

14. PERMIT NO.

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

3959' DF

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

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☐
☐

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.)*

IT IS Proposed to Treat the well as follows:
Clean out to TD & spot 500 Gals 28% Acid At
3970'. Spot Red Gravel and Sand in open Hole 3805'-
3810'. Treat with a total of 1,000 Gals 15% Acid;
34,000 Gals. Treated Water and 60,000# Sand in
Two Equal stages, Overflush with Water. Swab
Six Hrs & Pull Tbg & Treating Pkg. Make Bit Trip & clean-
out to TD. Re-Run Production EQUIPT & Restore well
to Production.

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

SIGNED

Wm. J. Buttefield

TITLE

Admin. Supv.

DATE

8-31-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

SEP 2 1976

DATE

GMB

*See Instructions on Reverse Side

ARTHUR R. BROWN
DISTRICT ENGINEER

USGS(5), MCA(4) File