

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-029405 (A)
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME MCA
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. 20		8. FARM OR LEASE NAME MCA Unit Bty. 1
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3959' D.F.	9. WELL NO. 51
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND-POOL, OR WILDCAT Waly. G-SR Rippe
		11. SEC. T., R., M., OR BLE, AND SURVEY OR AREA Sec. 20 T-17S R-32E
		12. COUNTY OR PARISH 13. STATE Lea N. Mex.

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

Pulled producing equipment. Ran 500 & 1,000 grain string shot a set off in OH, 3886'-3996'. Jettied & cleaned out 3,738'-3,990'. Set Pkr. at 3,575' and treated w/1500 gal. 28% HCL-HC Acid. Scrubbed well. Re-ran producing equipment and placed well on production.

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

SIGNED

Robert Gault

TITLE

Division Office Manager

DATE

1-22-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

USAS-5, MCA-3, File

