

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form Approved
Budget Bureau No. 42-81424

5. LEASE DESIGNATION AND SERIAL NO.

LC-0294050
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 ☒ <i>Injection Well</i>	7. UNIT AGREEMENT NAME <i>MCA Unit Agt.</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>MCA Unit Agt.</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hefley, N.M.</i>	9. WELL NO. <i>22</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FWT + 660' FWT, Sec. 20, T-17S, R-32E, Lea Co., N.M.</i>	10. FIELD AND POOL, OR WILDCAT <i>MCA Unit Agt.</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3954 BL</i>
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <i>Sec. 20, T-17S, R-32E</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N.M.</i>

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) *Deepen Stimulate + Re-Run*

PULL OR ALTER CASING

☐

MULTIPLE COMPLETION

☐

ABANDON*

☐

CHANGE PLANS

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

FRACTURE TREATMENT

☐

SHOOTING OR ACIDIZING

☐

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

☐

ALTERING CASING

☐

ABANDONMENT*

☐

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.)*

It is proposed to deepen this well 51' to new TD of 4680'.
Treat w/500 gal. 20% LSTW
acid over bottom. Re-run cement-lined
injection tubing + plug. Plug back and
injection.

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

SIGNED

M.E. Yeakley

TITLE

Administrative Assistant

DATE

1-22-71

(This space for Federal or State office use)

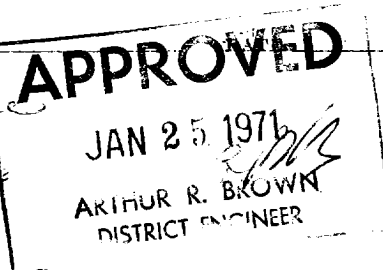
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

14565 (5) MCA (3) File

*See Instructions on Reverse Side



RECEIVED

JAN 26 1971

OIL CONSERVATION COMM.
HOUSTON, TEXAS