

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRII ATE*
(Other instructions on re-verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029405-(2)

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 Unit
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit #1
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico 88240.	9. WELL NO. 23
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL + 1980' FNL of Sec. 20, T-17S, R-32E Socorro County, New Mexico	10. FIELD AND POOL, OR WILDCAT Maljamar G-5A
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-17S, R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3988' DF	12. COUNTY OR PARISH Soc
	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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

(Other)

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.)

It is proposed to clean out the MCA Unit NO. 23 and drill additional 25' in the Grayburg-SA. Treat with approx. 2,000 gal of 20% LSTHE acid.
Run producing equipment and return to production.

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

SIGNED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

TITLE

DATE

DATE

APPROVED

4565-5 Feb

OCT 20 1970

RECEIVED

NOV - 3 1970
OIL CONSERVATION COMM.
DOUGLAS, N. M.