

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-029405(b)
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 ☐
2. NAME OF OPERATOR
Continental oil
3. ADDRESS OF OPERATOR
Box 460 Hobbs, N. Mex 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

7. UNIT AGREEMENT NAME
MCA
8. FARM OR LEASE NAME
MCA unit
9. WELL NO.
66
10. FIELD AND POOL, OR WILDCAT
Maj G-SA Repress
11. SEC., T. R., M., OR BLK. AND SURVEY OR AREA
Sec 20, T-175, R-32E
12. COUNTY OR PARISH
Lea
13. STATE
N. Mexico

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
1980' FSL and 660' FEL of Sec 20

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

Set open hole bridge plug at $\pm 3880'$. Treat w/ 3000 gals 28% HCL - NE acid. Set packer at $\pm 3650'$. Treat w/ 29000 gals treated produced water and 49000 # 20/40 Sand.

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

SIGNED M. E. Yeakley

TITLE Admin. Supervisor DATE 8-14-72

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 16 1972
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USG 5(5) MCAIR I.D.

RECEIVED

AUG 29 1972

OIL CONSERVATION COMM.
HOUSTON, TX 77001