

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on  
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WATER INJECTION WELL                                      | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC-029405 (6)                        |
| 2. NAME OF OPERATOR<br>CONTINENTAL OIL COMPANY                                                                                                                             | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                        |
| 3. ADDRESS OF OPERATOR<br>Box 460, Hobbs, N.M. 88240                                                                                                                       | 7. UNIT AGREEMENT NAME<br>MCA                                               |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>660' FSL & 1980' FWL of Sec. 19 | 8. FARM OR LEASE NAME<br>MCA Unit A, 1                                      |
|                                                                                                                                                                            | 9. WELL NO.<br>102                                                          |
|                                                                                                                                                                            | 10. FIELD AND POOL, OR WILDCAT<br>MALJ. G-SA REPRESS                        |
|                                                                                                                                                                            | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 19, T. 17S, R. 32E |
| 14. PERMIT NO.                                                                                                                                                             | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3925' DF                  |
|                                                                                                                                                                            | 12. COUNTY OR PARISH<br>LEA                                                 |
|                                                                                                                                                                            | 13. STATE<br>N.M.                                                           |

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

## NOTICE OF INTENTION TO:

|                                                                     |                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>                        | PULL OR ALTER CASING <input checked="" 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 checked="" type="checkbox"/> Install Casing & Treat. |                                                          |

## 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 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.)

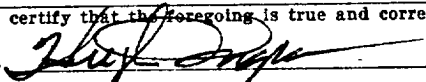
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

In order to improve injection efficiency, the following work is proposed: Run csg. inspection log. Acidize 3700'-50' w/1000 gal/s 28% HCL-NE. Run 4 1/2" OD 9.5# K-55 casing as follows:

(1) If Liner, Set 280' csg 3400'-3680' w/liner hanger. Cement w/40 sks Class "C" cement. (2) If Full String, set @ 3680' to sfc. w/300 sks. Class "C" cement. Perf w/2 JSPE @ 3604', 06', 08', 10', 12', 14', 16', 18', 20', and 3622'. Pump 500 gal/s 15% HCL-NE, 2000 gal/s 2% KCL fresh wtr w/30# per 1000 gal/s of Hydroxyl Ethyl Cellulose (J-160). Pump 10,000 gal/s 2% KCL fresh wtr w/30# gal J-160, 10,000# 2440 sd. Flush w/2% KCL wtr w/10-20# gal. of J-160. Run cement lined tubing & place back on injection

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

SIGNED



TITLE

SR. ANALYST

DATE

7-17-74

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

JUL 23 1974

ANTHONY A. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

USGS. &amp; MCA-3, File