

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions (verse 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"/> <u>Water Injection</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 054687</u> <u>LC 029509(a)</u>
2. NAME OF OPERATOR <u>Continental Oil Company</u>		7. UNIT AGREEMENT NAME <u>MCA</u>
3. ADDRESS OF OPERATOR <u>Box 460 Hobbs, New Mexico</u>		8. FARM OR LEASE NAME <u>MCA Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FNL and 1980' FEL of Sec 21</u>		9. WELL NO. <u>28</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>Mali G-SA Repress</u>
		11. SEC., T/R., M., OR BLK. AND SURVEY OR AREA <u>Sec 21, T-17S, R-32E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>N. Mexico</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input 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.) *

It is proposed to stimulate this well by the following procedures: Set bridge plug at 4105' and packer at 4055' and treat perf 4068'-4090' w/ 1500 gals 28% HCL-NE acid. Move bridge plug to 3900' and packer to 3810' and treat perf 3862'-3864' w/ 1000 gals 28% acid.

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

SIGNED

[Signature]

TITLE

Admin. Supervisor

DATE

1-30-73

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-5 MCA-3 File