Form 9-331
(May 1963)

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-058697 (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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
MCA Unit

3. ADDRESS OF OPERATOR
Box 460, Hobbs, N. M. 88240

9. WELL NO.
130

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1345' FNL & 2615' FEL of Sec. 25

10. FIELD AND POOL, OR WILDCAT
Maljamar G-SA Repress.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25 T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4015' DF

12. COUNTY OR PARISH
Lea

13. STATE
N. M.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT	X	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS					
(Other) Squeeze & Re-perf.				(Other)			

(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.)*

Squeeze perfs 3400'-38' w/150 sks. Class "C" cement. Clean out to 4152'. Frac by the following procedure: Pump 500 gals 15% acid. Pump 2,000 gals treated fresh water containing 40# Guar Gel & 50# "Adomite Aqua" per 1,000 gals. Pump 20,000 gals trtd fresh wtr containing 40# Guar Gel & 25# "Adomite Aqua" per 1000 gals and 40,000# Sand.

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

SIGNED [signature] TITLE Sr. Analyst DATE 8-7-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 8 1974
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-4, MCA-3, File