

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE COPY TO G. D. G.
Bureau No. 42-11021
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

LC 029410(a)

6. 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 Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.
At surface2580'
2550' FNL and 2575' FNL of Sec 29

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, GR, etc.)

3934' dt

10. FIELD AND POOL, OR WILDCAT

Zuni Co - SA Basin

11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA

Sec 29, T-17S, R-32E

12. COUNTY OR PARISH 13. STATE

Zuni N. Mex

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 COMPLETION

ABANDON*

CHANGE PLANS

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 deepen and stimulate this well by the following procedures. Set OH packer at 3865'. Acidize OH w/ 5000 gals 1590 HCL-NE retr acid. Go in hole w/ 6 1/8" bit and drill 58' to new TD of 4050'. Circ hole clean. Set OH pkr at $\pm$ 4000'. Treat w/ 3000 gals 1590 HCL-NE retr acid at 1/2 - 1 BPM. Run producing equip and place back on production.

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

SIGNED

[Signature]

TITLE Administrative Supervisor

DATE

10-5-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) File

MCA(3)

TITLE

APPROVED

OCT 7 1971

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side