

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate.
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1121.

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC 029410 b
2. NAME OF OPERATOR Continental Oil Company		6. INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME MCA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 50' FNL and 26.35' FWL of Sec 30		8. FARM OR LEASE NAME MCA Unit
14. PERMIT NO.		9. WELL NO. 106
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3920' gr		10. FIELD AND POOL, OR WILDCAT Meli G-SA Reservoir
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T-17S, R-32E
		12. COUNTY OR PARISH Lea
		13. STATE N. Mex

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"/>	FILL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) deepen - some zone	<input checked="" type="checkbox"/>		

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.)*

It is proposed to deepen and stimulate this well by the following procedures. Go in hole w/ 6 1/8" bit + jet sub. Drill out to new TD of 3975' (total 15'). Treat 9th zone w/ 3000 gal 20% HCL-NE acid. Treat 7th zone w/ 6000 gal 15% HCL-NE acid at 10-12 BPM rate. Frac 6th zone w/ 29000 gal trtd prod wtr and 35,000 # 20/40 sand at 15-20 BPM rate. Place back on production.

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

SIGNED

TITLE **Administrative Supervisor**

DATE

8-17-71

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) File **MCA(3)**

*See Instructions on Reverse Side

