

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 029509 (a)
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 GAS WELL OTHER

2. NAME OF OPERATOR **Continental Oil Company**

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface **2615' FNL & 2615' FWL OF Sec. 21**

5. FIELD AND POOL, OR WILDCAT **MALT G-SA Repress**

6. FARM OR LEASE NAME **MCA**

7. UNIT AGREEMENT NAME **MCA**

8. FARM OR LEASE NAME **MCA Unit**

9. WELL NO. **44**

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA **Sec. 21, T-17S, R-32E**

12. COUNTY OR PARISH **Lea** 13. STATE **N.M.**

14. PERMIT NO. **4054' DF**

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

RECEIVED
MAY 19 1977
GEOLOGICAL SURVEY
NEW MEXICO

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 type="checkbox"/>	ABANDON* <input type="checkbox"/>	RECOMPLETION OR ACIDIZING <input checked="" 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.)*

WORK DONE: PULLED RODS, PUMP & TBG. RAN CSG SCRAPER TO 3790'.
 1ST STAGE: PMPD 1500 GALS 15% NE-HCL ACID. DISPLACED W/400 GALS GELLED 10# BRINE W/600# ROCK SALT & 200# BENZOIC ACID FLAKES.
 2ND STAGE: DUPLICATED 1ST STAGE TREATMENT. FLUSHED W/20 BTFW, 1% KCL WTR. SWBD 5 HRS TO RECOVER LOAD. 1ST STAGE SCALE TREATMENT: PMPD 10 BTFW W/10 GALS VISCO 1111. PMPD 120 BTFW W/2 DR VISCO 953. FLUSHED W/300 GALS 10# BRINE W/4# GUAR GEL & 800# ROCK SALT. 2ND STAGE SCALE TREATMENT: PMPD 120 BTFW W/2 DR VISCO 953. FLUSHED W/120 BTFW. RAN TBG, PUMP & RODS. P.O.P.
 LOCATION: 2615' FNL & 2615' FWL OF SECTION 21, T-17S, R-32E

18. I hereby certify that the foregoing is true and correct
SIGNED Wm. A. Truitt TITLE ADMIN. SUPV. DATE 5-18-77

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
MAY 24 1977
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

USGS-(5) MCA(4), File