

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME MCA |
| 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. 44 |
| 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 | 10. FIELD AND POOL, OR WILDCAT MALT G-SA Repress |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-17S, R-32E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4054' 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:

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 ☐~~RECOMPLETION~~ 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.) *

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 VTR. 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:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAY 20 1977

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

USGS-(5) MCA(4), File