

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 45-R1424
5. LEASE DESIGNATION AND SERIAL NO.
LC-029509 (W)
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 ☐	7. UNIT AGREEMENT NAME MCA Unit
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME MCA Unit
3. ADDRESS OF OPERATOR P.O. Box 460, Helms, New Mexico	9. WELL NO. 38
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2555' FNL + 2615' FWL of Sec. 22, T-17S, R-32E, Lea Co., N.M.	10. FIELD AND POOL, OR WILDCAT MCA Unit 38
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, FT, CR, etc.) 4000' DF
	11. SEC., T., R., M. OR BLM. AND SURVEY OR AREA Sec. 22, T-17S, R-32E
	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 ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(Other) *Convert to Prod. Oil Well* ☒

(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.)

This well is a former gas injection well and is now shut-in. It is proposed to clean out & stimulate as follows: Cleanout & circ hole to T.D. Treat 7th & 9th zones w/6,000 gal. 15PC LSTNE acid. Treat 8th zone w/20,000 gal. treated prod. H-SH Wt. containing 25# "Adomite Agar" and 40# Swar per 100 gal. & 30,000# 20-40 Sand. Run prod. equipment and place on production.

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

SIGNED *M. E. Gentry*TITLE *Administrative Engineer* DATE *1-12-71*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:*U.S.G.S (5) File**MCA (3)*

TITLE

APPROVED

JAN 14 1971

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side