

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT 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 <b>MCA</b>
2. NAME OF OPERATOR <b>Continental Oil Company</b>	8. FARM OR LEASE NAME <b>mca Unit 1</b>
3. ADDRESS OF OPERATOR <b>Box 460 Hobbs, N.M. 88240</b>	9. WELL NO. <b>234</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>25' FSL + 1325' FWL of Sec. 21</b>	10. FIELD AND POOL, OR WILDCAT <b>MALJ.GSA Repress.</b>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 21 T17S R32E</b>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <b>4008' DF</b>	12. COUNTY OR PARISH <b>LEA</b>
	13. STATE <b>N.M.</b>

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input 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.)

3-25-76 Hot oil for paraffin. POOH w/rods + pump. Tbg. was stuck. ran a free point - found tbg. stuck @ 3725'. Cut tbg. @ 3298'. POOH.

3-26-76 Wash over fish 3960'-3990' + fell free. POOH

3-29-76 C.O. from 4065'-4100'. Tagged bottom @ 4100' Dumped 50 gal. pea gravel.

3-30-76 Tagged pea gravel at 4070'. Set cal-seal plug from 4070'-4065'. Treated w/2000 gal. 28% NE-HCL acid w/additives.

3-31-76 P.B. open hole from 4065' to 3950' w/pea gravel.

4-1-76 Set pkr. at 3831'. Treated w/500 gal. 15% NE-HCL. Frac with 2000 gal. TGW pad + 10000 gal. TGW w/2000 # 20/40 sand. 1 drum United TH-763 After 5000 gal. + 7500 gal.

4-4-76 PB from 3950' to 3830' w/pea gravel. Capped w/25xs sand. Set packer at 3639'. Treated w/500 gal. NE-HCL. Pumped 2000 gal. TGW pad. Frac w/15000 gal TGW w/30000 # 20/40 sand. 1 drum TH-763 after 9000 gal. + 12000 gal.

4-5-76 Ran bit cleanout 3835'-3840' 4-6-76 CO ON TO 4070' POOH

4-8-76 Ran Tbg. pump rods.

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

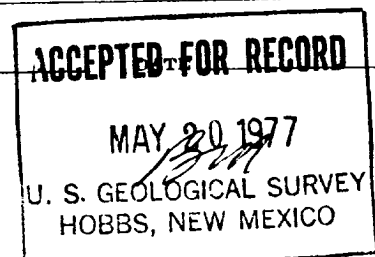
SIGNED **Wm. R. Kuntz** TITLE **Admin. Supv.** DATE **5-18-77**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side



USGS(5) MCA(4) File