

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLIC.
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 <i>MCA</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>MCA Unit</i>
3. ADDRESS OF OPERATOR <i>Box 460 Hobbs N. Mexico</i>	9. WELL NO. <i>177</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>2600' FSL and 2470' FEL of Sec 28</i>	10. FIELD AND POOL, OR WILDCAT <i>Mali-G-SA Repress</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 28, T-175 R-32E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3974' df</i>	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N. Mex</i>

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 COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☒
SHOOTING 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.)*

Set packer at 3647' and frac'd w/ 39,000 gals gelled water and 69,000 # 20/40 sand in 2 liquid stages. Diverted between stages w/ 400# benzoic acid and 200 # rock salt in 400 gals gelled wtr.
Completed -12-2-72

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

SIGNED

Robert Gault

TITLE

Admin. Supervisor

DATE

12-15-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DEC 18 1972

*See Instructions on Reverse Side U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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