

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other instruction
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n reForm approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

LC 057210

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, Hobbs, New Mexico 88240	9. WELL NO. 177
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2600' FSL & 2470' FEL S. 28, T-17S, R-32E Lea County, New Mexico	10. FIELD AND POOL, OR WILDCAT Holmes G-5A
14. PERMIT NO.	15. ELEVATIONS (Show whether DT, ET, CR, etc.) 3974' DF
	11. SEC., T., R., E., OR BLK. AND SURVEY OR AREA S. 28, 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:

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.)*

It is proposed to clean out the MCA Unit No. 177 and drill additional 79' in the Dupling-5A. Treat with approx. 5,000 gal. of 15% LSTNE acid. Run balling equipment and return to production.

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

SIGNED

TITLE Adm. Supervisor

DATE

10-26-70

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 FILE

*See Instructions on Reverse Side

RECEIVED

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OFFICE OF THE
ATTORNEY GENERAL
JUL 1 1970