

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 029405 (b)
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 **INJECTION WELL**
2. NAME OF OPERATOR **CONTINENTAL OIL COMPANY**
3. ADDRESS OF OPERATOR **Box 460, Hobbs, N.M. 88240**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2565' FSL & 25' FWL OF SEC. 19

7. UNIT AGREEMENT NAME **MCA**
8. FARM OR LEASE NAME **MCA UNIT**
9. WELL NO. **242**
10. FIELD AND POOL, OR WILDCAT **MALJ. G-SA REPRESS.**
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA **SEC. 19, T. 19S, R. 32E**
12. COUNTY OR PARISH **LEA** 13. STATE **N.M.**

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3941' DF

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) **DEEPEN & TREAT**
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.)*

**Cleaned out to TD 3945' & drilled to new TD 3980'.
Treated new hole section w/500 gals 28% Acid. Ran
2 3/8" cmt. lined tubing & set pkr. @ 3508'. Resumed
injection.**

Work started 9-26-75, completed 9-27-75.

OCT 10 1975

U.S. GEOLOGICAL SURVEY
HOBBS, N.M.

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

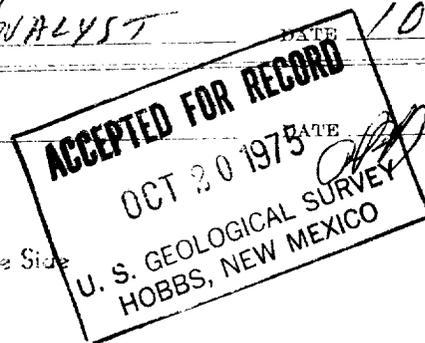
SIGNED **[Signature]**
(This space for Federal or State office use)

TITLE **SR. ANALYST**

DATE **10-10-75**

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side

USGS-5, MCA-4, file