

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(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, NEW MEXICO

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3941' DE

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-T17S-R32E

12. COUNTY OR PARISH

LEA

13. STATE

NEW MEX

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 perti-
nent to this work.)*

THIS WELL WAS ACIDIZED WITH THE FOLLOWING PROCEDURE:

SET PKR AT 3875' AND TREATED PERFS 3905'-35' W/3200 GAL
20% HCL-NE ACID USING 3 BALL SEALERS. OVER FLUSHED W/
10 BBLs FRESH WATER, MAX PRES 3000 PSI, MIN PRES 1500
PSI. AIR 2.3 BPM. ISIP 2200 PSI. RAN CEMENT LINED
TBG AND PLACED BACK ON INJECTION

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

SIGNED

[Signature]

TITLE ADMIN SUPERVISOR

DATE 4-7-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

APR 10 1972

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

USGS (5)

MCA (3)

FILE

OFFICE OF THE SECRETARY
U.S. DEPARTMENT OF THE INTERIOR

WASHINGTON, D.C. 20548
TELEPHONE (202) 219-6000
FACSIMILE (202) 219-6000

RECEIVED

APR 11 1972

OIL CONSERVATION COMM.
HOELL, H. M.