

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 029509 a
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 460 Hobbs, New Mexico		7. UNIT AGREEMENT NAME MCA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		8. FARM OR LEASE NAME MCA Unit
14. PERMIT NO.		9. WELL NO. 262
15. ELEVATIONS (Show whether DF, ST, GK, etc.) 4012'		10. FIELD AND POOL, OR WILDCAT Maj G-SA Repress
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 21, T-17S, R-32E
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.)		12. COUNTY OR PARISH Lea
		13. STATE N. Mex

2615' FNL and 25' FWL of Sec 21

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 checked="" 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.)

This well was perforated and stimulated by the following procedures.

Perf w/1jspt @ 4038', 42', 51', 58', 66', 71' and 4078'.
Tstd perf 4038' - 4078' w/ 4000 gals 15% retc acid.
Tstd perf 4038' - 4102' w/ 1000 gals 15% retarded acid.
Perforated w/1jspt at 3709', 13', 18', 25', 30', 38', 49', 3754',
3823', 32', 35', 39', 3899 and 3901'. Tstd perf 3823' - 3901'
w/ 3500 gals 15% NE acid. Frac'd perf w/ 30,000 gals
and produced water and 45,000 # 20/40 sand.

Work Compl 12-21-71

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

SIGNED [Signature] TITLE Admin Supervisor DATE 1-14-72

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGSC(5) MCA(3) File