

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 029 410 a

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 ☐

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

65' FNL and 1275' FNL of Sec 29

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

288

10. FIELD AND POOL, OR WILDCAT

Maj B-SH Repres

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 29 T-17S R-32E

14. PERMIT NO.

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

12. COUNTY OR PARISH

Lea

13. STATE

N. Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

Stimulated this well by the following procedures.

Perf 5 1/2" casing w/ 1 1/2 spf at 3996', 86', 3983', 04', 3901',
3830', 20', 16', 12', 3807', 3803' and 3799'. Set packer at 3960'.
Treated perfs w/ 1500 gals 20% HCL-NE acid. Set packer
at 3875'. Treated perfs 3901'-04' w/ 1000 gals 20% HCL-NE
acid. Acid froc'd w/ 5000 gals 15% HCL-NE acid.
Set packer at 3630'. Treated perfs w/ 2000 gals 15%
HCL-NE acid. Froc'd w/ 10,000 gals treated gelled
produced water w/ 15,000 # 20/40 sand.

Work started - 1-15-72

Completed - 2-16-72

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

SIGNED

[Signature]

TITLE

Admin. Supervisor

DATE

2-25-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(5) MCA(3) File