

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029509(L)

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, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)
At surface

950' FSL & 1650' FEL OF Sec. 21

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA UNIT #12

9. WELL NO.

328

10. FIELD AND POOL, OR WILDCAT

MCA GSA Repruss

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

Sec. 21 T. 17S R. 32E

14. PERMIT NO.

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

4021' GR

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Re-Perf & STIMULATE X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

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 pertinent to this work.)

RIH w/Tbg & Set RBP AT 3840'. Pull Tbg & SPOT
100 Gals 15% Acid 3817-3717'. Re-Perf w/1 JSPP AT
3764', 67, 81, 85, 88, 94; 3810, 13, 17'. Set PKR AT
3700' & Treat w/1000 Gals 15% Acid. Flush
w/TFW. Pull Treating Equip & Return Producing
Equip & Restore Production.

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

SIGNED

Wm. A. T. Butler

TITLE

ADMIN. SUPV.

DATE

7-14-76

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

JUL 19 1976

BERNARD MOROZ

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS(5). MCA(4) File