

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029509 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 ☒ Water Injection
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

660' FSL and 660' FEL of Sec 21

14. PERMIT NO.

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

4023' gr

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit #12

9. WELL NO.

90

10. FIELD AND POOL, OR WILDCAT

Malj G-SA Repren

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

Sec 21, T-17S, R-32E

12. COUNTY OR PARISH

13. STATE

Lea N. Mexico

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 ☐plug back - same zone ☒

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 pertinent to this work.) *

Set OH packer at 3755'. Frac w/ 30,000 gals treated produced water and 45,000 # 20/40 sand. Run 2 3/8" tbg to 4150' and spot 4 sacks class C cement from 4154' to approximately 4124'. WOC 24 hrs. Plug back on injection.

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

SIGNED

TITLE

Admin Supervisor

DATE

2-2-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

USGSC(5) MCA(3) File