

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 030167(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, N.M. 88340

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FSL 5' 1650' FEL of Sec. 24

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McCauley "A"

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

SEABOARD YATES
SEVEN RIVERS11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 24, T26S, R36E

14. PERMIT NO.

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

2942' 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

☐

FRACTURE TREAT

☒

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.)IT IS PROPOSED TO TREAT SUBJECT WELL
W/ACID AS FOLLOWS:PULL PROD. STRING & TBG, SET TREATING
PACKER AT $\pm 3000'$, AND TREAT WELL
W/2,000 GAL. 15% NE INHIBITED HCL DOWN
TBG. IN TWO-1000 GAL. BATCHES, EACH
FOLLOWED W/MIXTURE OF ROCK SALT, BRINE
& GUAR GUM. FLUSH W/TREATED FRESH
WATER, PULL PACKER, RE-RUN PROD.
STRING & RETURN WELL TO PRODUCTION.

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

SIGNED

Wm. A. Brown, Admin. Supv.

TITLE

DATE

3-8-77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

MAR 10 1977

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS(5), NMFL(4), FILE