

UNITED STATES GEOLOGICAL SURVEY
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SEE REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS
(Other instructions on reverse side)

Form approved.
District Engineer's Office

5. LEASE DESIGNATION AND SERIAL NO.

10 031670 (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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Continental Oil Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660 FEL, Sec. 19, T-20S, R-38E, Lea County, New Mexico.</p> <p>14. PERMIT NO.</p>	<p>7. UNIT AGREEMENT NAME NMFU</p> <p>8. LEASE OR LEASE NAME SEMU Permian</p> <p>9. WELL NO. 30</p> <p>10. FIELD AND POOL, OR WILDCAT Skaggs Cravburg Pool</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-20S R-38E</p> <p>12. COUNTY OR PARISH 13. STATE Lea N.M.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GS, etc.) 3553 D.F.</p>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT ACTION:	
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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Deepen</u>	<input checked="" type="checkbox"/>

*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.)*

The following remedial work was performed to increase production.

1. Cleaned out fill to total depth of 3931'.
2. Drilled new 4 3/4" hole from 3931-3951'.
3. Set packer @ 3842' and treated open hole 3842-3951' w/500 gals. 15% LSTNE acid, 20,000 gals. lease crude, 20,000# sand, and 1,000# Mark II "ADOMITE" additives.

On test 8-1-67, pumped 30 BO and 73 BW in 24 hours. Gas TSTM.

Workover commenced 6-29-67. Completed 7-4-67.

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

SIGNED J. L. Gordon TITLE Supervising Engineer DATE 8-7-67

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 ATL-Ros-2 CHEV-Mid-2 PAN AM-Hobbs-2 FILE

AUG 10 1967

J L GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side