

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**LC 032096 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 **SALT WATER DISPOSAL WELL**

2. NAME OF OPERATOR  
**CONTINENTAL OIL COMPANY**

3. ADDRESS OF OPERATOR  
**Box 460, HOBBS, N.M. 88240**

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

**1980' FSL & 1980' FWL OF SEC. 13**

14. PERMIT NO.

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

**3433' DF**

7. UNIT AGREEMENT NAME

**NMFU**

8. FARM OR LEASE NAME

**LOCKHART B-13A**

9. WELL NO.

**4**

10. FIELD AND POOL, OR WILDCAT

**TERRY BLINEBRY**

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

**SEC. 13, T-21S, R-37E**

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 ☒

SHOOT OR 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 pertinent to this work.)\*

**It is proposed to acid frac this well & restore to active disposal: Frac w/1000 gals 15% acid, 3500 gals Hawco KLEER-GEL & 8,000 gals 28% acid in two equal stages.**

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

SIGNED

**[Signature]**

TITLE

**SR. ANALYST**

DATE

**12-10-74**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

**[Signature]**

**USGS-5, NMFU-4, File** \*See Instructions on Reverse Side