

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1404
5. LEASE DESIGNATION AND SERIAL NO.
LC-030143(2)
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, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
*1980' FNL 4WL of Sec. 3, T-205, R-36E,
Lea County, N.M.*

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether D₇, RT, CR, etc.)
3026' DF

7. UNIT AGREEMENT NAME
NMFLU

8. FARM OR LEASE NAME
Red Anderson Unit

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Current within 7 Pines Oil

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 3, T-205, R-36E

12. COUNTY OR PARISH 13. STATE
Lea N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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 on this well.

Perforated from 3786' to 3792' and from 3805' to 3818' with one SSPF. Treated pups from 3786' to 3818' with 2,000 gals 15% LSTN₂ acid. Treated all pups with scale inhibitors. Placed well back on production.

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

SIGNED *M. E. Yeakley* TITLE *Administrative Section Chief* DATE *4-21-69*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ APPROVED _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED _____ DATE _____

APR 23 1969

*See Instructions on Reverse Side
GORDON
LEADING DISTRICT ENGINEER