

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND PERMIT NO.
*LC N 11151
03/633161*

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME <i>NINE U</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>		8. FARM OR LEASE NAME <i>Sanderson B-1</i>
3. ADDRESS OF OPERATOR <i>Box 263, Nether, New Mexico 88240</i>		9. WELL NO. <i>4</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>990 P.S. Ave. 330 FEL, Sec. 10, T. 26N, R. 30E, Lin County, New Mexico</i>		10. FIELD AND POOL, OR WILDCAT <i>NINE U Sanderson Unit</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3570 3F</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 10, T. 26N, R. 30E</i>
		12. COUNTY OR PARISH <i>Lin</i>
		13. STATE <i>N.M.</i>

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 COMPLETION <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) <i>plug back</i>	
(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.)*

Well was plugged back. Used 2800-2815 w/ 2 P.F. sandstone shale and pipe 3800-15, 2, 30-33, and 3840-44. 1st run 50 grains/lb. sand was 100 grains/lb. sand. 2nd run 100 grains/lb. sand. Running 100 grains/lb. sand well and production, tested 11-25-64; pumped 900, 1200, 300 mcf, GOR 23, 110 mcf/day.

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

SIGNED *Robert Gault III* TITLE *District Engineer* DATE *11-25-64*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: **APPROVED**

*See Instructions on Reverse Side

J. L. GORDON
DISTRICT ENGINEER