

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

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

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.
LC-031622(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Anderson A"

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Monument A-1A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T-20S, R-36E

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

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
P.O. 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
*660' FSL + 660' FEL of Sec. 11, T-20S,
R-36E, Lea County, N.M.*

14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3571 N.A.

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) <i>Re-perf + Stimulate</i> <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.)*

*Perf 4" OD liner from 3852-3860', + 3826-3845',
w/ 1/2 S.P.F. mixed 2 drums Champion WC-30
w/ 2 drums fresh wtr. + spotted mixture across perfor.
Squeezed 110 gal into formation. Pumped
500 gals LSTAE acid down the hole, flushed w/ 15 bbl.
of fresh wtr.
Ran 8' rod. equip. Show well on prod.*

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

SIGNED *M. E. [Signature]* TITLE *Administrative Inspector* DATE *3-16-71*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
450 S(5) Mon 4/4 File

RECEIVED

MAR 23 1971

OIL CONSERVATION COMM.
10330 W. 4th St.