

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

FOR THE DISTRICT OF COLUMBIA
SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.
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.)

| | | |
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| <p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Continental Oil Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 58240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL and 1650' FSL, Section 14, T-208, R-36E, Lea County, New Mexico.</p> <p>14. PERMIT NO.</p> | <p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3571' D.F.</p> | <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Sanderson "A"</p> <p>9. WELL NO. 8</p> <p>10. FIELD AND POOL, OR WILDCAT Monument G.S.A. Pool</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-208, R-36E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE N.M.</p> |
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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"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> | (Other) <u>String Shot</u> | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | | | <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.)*

Subject well was returned to production by following procedure listed below:

1. Ran string shot over perfs. 3852-3870'.
2. Acidized perfs. 3852-3870' w/2000 gals. 15% LSTNE Acid.
3. Ran 122 joints of 2 3/8" tubing w/perf. nipple and seating nipple.
4. Tubing set at 3690'.
5. Ran rods and pump.

Placed well on production.

On test 6-30-67, pumped 70 BO, no water and 31 MCFG in 24 hours.

Workover started 6-15-67. Completed 6-23-67.

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

SIGNED *James D. Stolt* TITLE Supervising Engineer DATE 7-6-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

*See Instructions on Reverse Side

APPROVED

JUL 10 1967

AR

A. R. BRIDGEMAN
DISTRICT ENGINEER