

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLIC
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 032096(6)

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, 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' ENCL & 1980' FWL OF SEC. 11

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LOCKHART B-11

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

DRINKARD BLINEBRY ADO

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

SEC. 11, T-21S, R-37E

14. PERMIT NO.

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

3446' DF

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

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

DOWNHOLE COMMINGLE X

(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 perti-
nent to this work.) *

Pulled Blinebry tubing, unable to pull plr. from
Drinkard. Set CIBP @ 6710'. Set 2 3/8" Hng. @
6678' w/Anchor @ 5236'. Spot 1000 gals 15% acid
over perts & swab for cleanup. Ran rods & pump.
Test before: Drinkard - Shut-in. Test After: 24/30 2BW
Blinebry - Dead 33 MCFGPD.

Work started 7-8-75, completed 7-26-75

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

SIGNED

TITLE

SR. ANALYST

DATE

9-25-75

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-5, HOBBS-4, File

