

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions on re-
verse 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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lockhart B-11

9. WELL NO.

17

10. FIELD AND POOL, OR WILDCAT

Drinkard & Wantz Abo

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

Sec 11, T-21S, R-37E

12. COUNTY OR PARISH

Yea

13. STATE

N. Mex

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Continental oil Co.

3. ADDRESS OF OPERATOR
Box 460 Hobbs, N. Mex.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL and 1980' FEL of Sec 11

14. PERMIT NO.

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

3449' gr

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)

(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.)*

**Acidized Abo (6790'-7412') and Drinkard (6582'-6708')
perfs w/1000 gals 15% HCL-NE acid down tubing
at 2-4 BPM. Swabbed back acid load and
plugged on production. Completed - 9-24-72**

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

SIGNED **Robert Bull III** TITLE **Admin. Supervisor** DATE **11-7-72**

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
NOV 10 1972
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

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