

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

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, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
660' FSL & 1980' F-WL of Sec. 13, T-215, R-37E,  
in Lea County, N.MEX.

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
3928 DF

7. UNIT AGREEMENT NAME  
N.M.F.U.

8. FARM OR LEASE NAME  
LOCKHART B-13A

9. WELL NO.  
5

10. FIELD AND POOL, OR WILDCAT  
Terry Blinchesky Pool

11. SEC., T., R., M., OR BDR. AND SURVEY OR AREA  
Sec. 13, T-215, R-37E

12. COUNTY OR PARISH  
Lea

13. STATE  
N.MEX.

18. 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"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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.)

It is proposed to treat this well by the following procedures:

Drill out cement & bridge plug at 5880'. Clean out to approx. 6000'. Run 3 1/2" frac tubing with packer and set packer at ± 5500'. Treat well with 40,000 gals mod brine using Cardinal temp-control process. Re-run 2 3/8" tubing. Place well on production.

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

SIGNED M. E. Yeakley TITLE Administrative Section Chief DATE 1-3-69

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

RECEIVED  
JAN 6 1968  
R. Bruevick  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator	Lease	Well No.
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Unit Letter	Section	Township	Range	County
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Pool	Kind of Lease (State, Fed, Fee)
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If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
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Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
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Is Gas Actually Connected? Yes  No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
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If gas is not being sold, give reasons and also explain its present disposition:  
**EFFECTIVE JANUARY 31, 1977,**  
**SKELLY OIL COMPANY MERGED**  
**INTO GETTY OIL COMPANY**

**REASON(S) FOR FILING (please check proper box)**

New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.  
 Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

<b>OIL CONSERVATION COMMISSION</b>	By
Approved by	Title
Title	Company
Date	Address