

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.

LC 030168 (b)

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

7. UNIT AGREEMENT NAME

NMFU

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME

Eaves B-1

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M.

9. WELL NO.

4

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

10. FIELD AND POOL, OR WILDCAT

Jalpat

660' FSL & 1650' FEL of Section 30, T-26S,
R-37E, Lea County, New Mexico, NMPM.

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

30-26S-37E

14. PERMIT NO.

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

2945 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Perforate Additional Pay

(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.)*

On latest test dated 7-4-65, the well pumped 12 BOPD
4 BWPD, W/69 MCFGPD. GOR 5750.

In order to increase production it is proposed to
perforate additional pay. (Intervals 2966 and 2976, and 3007 &
3012) W/1 JSPF) Adidize and frac.

A subsequent report will be submitted upon completion
of this work.

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

SIGNED Hal R. Stephen

TITLE Staff Supervisor

DATE 1-4-66

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, LPT PAN AM HOBBS-3, ATL ROS-2, STD MID -3

*See Instructions on Reverse Side

