

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Bureau Order No. 45-1111
5. LEASE DESIGNATION AND SERIAL NO.
LC-032581 (6)
6. IF (LEASE, ALLOTTEE) OR (LEASEE, ALLOTTEE)

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-7" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR *OIL CO*
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
*990' FNL + 2310' FWL of Lec 19, T-255,
R-37E, in Lea County, N. Mex.*

5. PERMIT NO. *R-37E*

6. ELEVATIONS (Show whether DF, RV, CR, etc.)
3107' DF

7. FIELD OR LEASE NAME
SHOLES B-19

8. WELL NO.
2

9. FIELD AND FOOT, OR WILDCAT
JALMOT GAS

10. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
SEC. 19, T-255, R-37E

11. COUNTY OR PARISH
LEA

12. STATE
N. Mex.

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"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <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) <i>Information Only</i> | <input checked="" type="checkbox"/> |
| (Other) <input 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 and 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.)

Effective February 1, 1961 this well was reclassified from an oil well to a gas well due to the gas-oil ratio. On March 2, 1961 the acreage assigned to this well was designated to Sholes B-19 NO. 1 by NMOCC order NO. R-1866. Also in March, 1961 this well was temporarily shut-in, and is presently temporarily shut-in. In order to keep your records current we plan to report this well on our C-115 effective April, 1970.

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

SIGNED *M. J. [Signature]* TITLE *Adm. Section*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 FILE

ACCEPTED FOR RECORD *8-18-70*

MAR 19 1970 DATE

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side