

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY N. M. O. C. COPY

Form approved.  
Budget Bureau No. 42-R1124  
5. LEASE DESIGNATION AND SERIAL NO.

LC-037777(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  Directional Well

2. NAME OF OPERATOR Continental Oil Company

3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface 1980' FNL + 660' FEL of Sec 34, T-16S, R-29E  
Eddy County, New Mexico

7. UNIT AGREEMENT NAME Fruit Pool Unit

8. FARM OR LEASE NAME Fruit Pool Unit

9. WELL NO. 8

10. FIELD AND POOL, OR WILDCAT Square Lake D-5A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-16S, R-29E

12. COUNTY OR PARISH Eddy

13. STATE N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3661 CL

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) <input type="checkbox"/>	

(Other) *Sit CIBP, Stimulate, Plug*

(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.)\*

Sit CIBP at 2570'. 2 mat Perfs 2519-2549' w/1000 gals 15 PC LSTAF acid.

2 mat perfs 2519-2549' w/9.0# med brine containing 1% KCL and 1 gal "adonall" per 1000 gal. 10,000 gal 25# "adonite aqua" and 40# Buar(gal) per 1000 gal and 1500# 20-40 sand.

Run injection tubing + packer + plug well back on injection

RECEIVED

FEB 1 1971

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*[Signature]*

TITLE

*[Title]*

DATE

1-29-71

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

USGS Artesia (5)  
CRA (1)  
File

TITLE

FEB 3 1971

DATE

APPROVED

\*See Instructions on Reverse Side

FEB 2 1971  
*[Signature]*  
R. L. BEEKMA  
ACTING DIRECTOR