(May 1963) UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on reverse side)
DEPARTMENT OF THE INTERIOR
OLOGICAL SURVEY

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.: LC-037777(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.)

N. M. O. C. C. COPY

1. OIL WELL ☐ GAS WELL ☐ OTHER Injection Well

RECEIVED

7. UNIT AGREEMENT NAME: Forest Pool

2. NAME OF OPERATOR: Continental Oil Company ✓

8. FARM OR LEASE NAME: Forest Pool Unit

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, New Mexico 88240

DEC 17 1971

9. WELL NO.: 8

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

O. C. C. ARTESIA, OFFICE

1980' FNL and 660' FEL of Sec 34

10. FIELD AND POOL, OR WILDCAT: Forest Pool Ell-SA

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

14. PERMIT NO.

16. ELEVATIONS (Show whether DF, RT, GR, etc.): 3661' gr

12. COUNTY OR PARISH: Eddy

13. 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	☐	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)			☐	(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.)*

It is proposed to perforate and acidize this well by the following procedures. Perf 5½" casing from 2625' to 2640' w/ 1 JSPF: Treat perfs w/ 2000 gals 15% LTNE acid. Set pkr at 2406' and place back on injection.

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

SIGNED Ralph Meyer TITLE Administrative Supervisor DATE 12-15-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) - Artesia CRA(1) File

APPROVED
DEC 16 1971
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side