

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instruction
verse side)ATE*
1 reForm approved.
Budget Bureau No. 42-R1424.

Copy to 13

5. LEASE DESIGNATION AND SERIAL NO.

LC 037277 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.)RECEIVED
FEB 16 1972

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	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 Box 460 Hobbs, New Mexico	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 1980' FNL and 660' FEL of Sec 34	10. FIELD AND POOL, OR WILDCAT Square Lake G-5A
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3661' of
	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. Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.) *

Set 10' class C cement plug w/ 290 CaCl₂ at 2645'. Perforated 5 1/2" casing w/ 1 1/2" spf from 2625' to 2640'. Set packer at 2585'. Treated perfor w/ 1000 gals 15% LSTNE acid. Work started - 1-26-72 completed - 1-31-72.

Test - before
Shut - in

Test - after

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Enj' 90 BWPD @ 1950 psi

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

SIGNED

M. E. Yeakley

TITLE

Admin Supervisor

DATE

2-14-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 15 1972

K. L. BEEKMAN

ACTING DISTRICT SUPERVISOR

*See Instructions on Reverse Side

USGS(5) Anterior CDAR 11 File