

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP (Other instruction
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 037777

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.)

FEB 16 1972

1. OIL ☒ GAS ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

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

660' FNL and 660' FEL at Sec 34

14. PERMIT NO.

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

3664' df

7. UNIT AGREEMENT NAME

Forest Pool

8. FARM OR LEASE NAME

Forest Pool Unit

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Square Lake G-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. 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 perti-
nent to this work.)

Perforated 5 1/2" casing w/ 2 js pf at 2528', 30', 39',
42' and 2546'. Flushed perfs fine timer w/
1000 gals 1590 HCL - NE acid.
Work started - 1-20-72 Completed - 1-26-72

Test - before

Test - after

Pmpd 2 B0 and no wtr in
24 hrs. Pmpd 1 B0 and 4 BW
24 hrs.

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

CONDITIONS OF APPROVAL, IF ANY:

FEB 15 1972

H. L. BEEKING

ACTING DISTRICT ENGINEER

TITLE

DATE

*See Instructions on Reverse Side

1156555 - Artesia CRAC 11 File