

UNITED STATES M. O. C. C. COPY
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN THE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR CONTINENTAL OIL COMPANY	3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2,310' FNL 4 1,650' FEL 17 Sec. 34	5. LEASE DESIGNATION AND SERIAL NO. LC-037777 B	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Forest Peak Unit	9. WELL NO. 6	10. FIELD AND POOL, OR WILDCAT Square Lake P.S.A.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-16S, R-29E	12. COUNTY OR PARISH Edley	13. STATE N. Mex.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,660' DF											

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Clean Out</u>	<input checked="" 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 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 packer at 2,504' and treated D.N. 2,553' - 2,652' w/500 gal. 15% HCL-NE Acid. Produced w/15,000 gal. treated fresh water and 30,000# sand. Tested well, well uneconomical. Well shut-in.

Water: Started 4-9-74, completed 4-20-74, tested 5-5-74

RECEIVED

MAY 16 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Division Office Manager

DATE 5-15-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DISTRICT ENGINEER

DATE

MAY 16 1974

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-S, Partner-1, File
(Artesia)