

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other Instr
verse side)PLICATE
as on re-Form approved.
Budget Bureau No. 42-R1121.

5. LEASE DESIGNATION AND SERIAL NO.

LC-03 77776

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 ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, N. M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1980' FWL + 330' FWL of Sec. 35, T-16S, R-29E
Eddy County, New Mexico.

14. PERMIT NO.

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

3661 EL

7. UNIT AGREEMENT NAME

Forest Pool Unit

8. FARM OR LEASE NAME

Forest Pool Unit

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Antelope B-1A

11. SEC., T., E., M., OR BLK. AND
SURVEY OR AREA

Sec. 35, T-16S, R-29E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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.)*

It is proposed to frac OH 2570' - 2666'
w/30,000 gals wtr, 60,000# 20-40 sand in
2 equal stages. Run prod. equipment and
place well on production.

Work to start upon approval.

RECEIVED

APR 8 1971

O. C. C.

ARTESIAN OFFICE

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

SIGNED

M. E. Yeatley

TITLE

Administrative Supervisor

DATE

4-5-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS Artesian (S) CRA (C) File

*See Instructions on Reverse Side