

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI. DATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 031622 (a)

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, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FSL & 660' FEL, Section 11, T-20S, R-36E, Lea County,
New Mexico

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Sanderson "A"

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Monument GSA Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 11, T-20S, R-36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3571 DF

12. COUNTY OR PARISH
Lea

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) Perforate Additional pay
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.)*

The subject well, on latest test, pumped 9 barrels oil and 68 barrels water per day. In order to increase production, it is proposed to perforate additional pay and treat with string shot and acid-

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

SIGNED Jesse R. Hobbs

TITLE Supervising Engineer

DATE 9-6-67

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

APPROVED
SEP 11 1967
DISTRICT ENGINEER