

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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 ☐ GAS WELL ☐ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Block "B"
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FWL + 1650' FWL, Sec. 22, T-17S, R-32E, Dea Co., New Mexico.	10. FIELD AND POOL, OR WILLGAT Mfg. and Block Well
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 22, T-17S, R-32E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) D.F. 4024	12. COUNTY OR PARISH Lin
	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 pertinent to this work.)

It is proposed to acidize & treat the Wolfcamp formation, w/ add. 2500 gal 15% LSTNE acid containing silt suspension additives and 2 1/2" Polymer Friction reducer/1000 gal. Follow w/ 15 BW then 10 BW containing 1 drum United TH-763. Repeat same procedure in also formation. Rerun prod. equipment and place well on production.

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

SIGNED

TITLE

Adm. Supervisor

DATE

12-4-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 FILE

*See Instructions on Reverse Side