

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-058514

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pearl BX

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Pearl Basin

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

Sec. 34 T-17S R-32E

12. COUNTY OR PARISH 13. STATE

Lea

N. Mex.

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 COMPANY3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 882404. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

660' FNL & 660' FEL 9/Sec. 34

14. PERMIT NO.

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

3961' DF

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) Recomplete ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

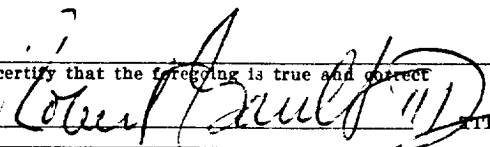
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Cleaned out from 3,462'-3,477'. Milled from 3,480'-3,496'. Cleaned out from 3,496'-3,503'. Unable to clean out below 3,503' due to damaged casing and junk in hole.

Unable to recomplete; well shut-in.

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

SIGNED



TITLE Division Office Manager

DATE 2-21-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
FEB 26 1974U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

USGS-5, File