

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on
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

Pearshall Ex

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Mali G-5A Rwyer.

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

Sec. 34, T-175 R-32 E

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 ☐ OTHER2. 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

460' FNL Q 860' FEL of Sec. 34

14. PERMIT NO.

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

3954' GR

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) Settling Production String

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.)*Set 5 1/2" 14# casing at 4,475'. Cemented with 500 sacks
Class "C" Cement. P.B.D. 4,437', T.O.C. by survey at
2,650'.

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

SIGNED

Robert Paul

TITLE

Division Office Manager

DATE

5-7-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
MAY 8 1974GEOLOGICAL SURVEY
U. S. DEPARTMENT OF THE INTERIOR
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

USGS-5, File

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY	8. FARM OR LEASE NAME Pearson EX
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 460' FNA & 860' FEL by Sec. 34	10. FIELD AND POOL, OR WILDCAT Maj. B-5A Reppin
14. PERMIT NO.	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 34, T-17S R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3958' GR (Est.)	12. COUNTY OR PARISH Lea
	13. STATE N. Mex.

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 checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Commencement</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.)*

Spudded 15" hole on 4-19-74 and drilled to 1,025'. Set 11 3/4" 42# casing at 1,100' and cemented with 600 sacks class "C" cement. Circulated cement to surface. Tested casing with 1,000#, held O.K.

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

SIGNED

Robert Paul

TITLE

Division Office Manager

DATE

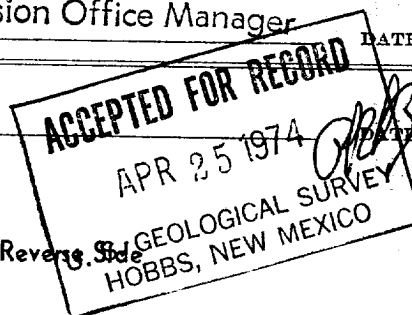
4-23-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



USGS-S, MCA-3, File

*See Instructions on Reverse Side