| Form 9=301 (May 1967) | חרמות | UNITED ST | | SUBMIT IN TRIPLICATI | Form approve Budget Bures | ed. 10 No. 42 R1424. |
|------------------------------------|----------------------------------------|----------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------|
| | DEPAR | TMEN FT | | JR verse side) | 5. LEASE DESIGNATION | |
| | | GEOLOGICAL | SURVEY | | LC 068656 | |
| (Do not us | SUNDRY NO | TICES AND | REPORTS Co | N WELLS ok to a different reservoir. | 6. IF INDIAN, ALLOTTER | 1 OR TRIBE NAME |
| 1. | Use "APPL | ICATION WOLD PER | 35 10 Such pro | posals.) | | |
| on. 📻 e | GAS WELL OTHER | | | | 7. UNIT AGREEMENT NA | .ME |
| 2. NAME OF OPERA | | 8. FARM OR LEASE NAM | (E | | | |
| Conti | inental Oi | Nix C | | | | |
| 3. ADDRESS OF OP | | 9. WELL NO. | | | | |
| Box 1 | 460, Hobbs | 1 | 1 | | | |
| 4. LOCATION OF W See also space | ELL (Report locatio | 10. FIELD AND POOL, OF | 10. FIELD AND POOL, OR WILDCAT | | | |
| At surface | | | Reeves Devonian | | | |
| (| 660 FSL & | 11. SEC., T., R., M., OR E SURVEY OR AREA | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | | | |
| i | R-35E, Lea | County, | New Mexic | o, NMPM. | | |
| 14, PERMIT NO. | | 15. ELEVATIONS | (Show whether DF, | ur cp ota) | 13-18S-3 | |
| | | | . 66: | В | _ | |
| 16. | | | | | Lea | I N.M. |
| 10. | | | To Indicate No | ature of Notice, Report, or | Other Data | |
| NOTICE OF INTENTION TO: SUBSEQU | | | | | EQUENT REPORT OF: | |
| TEST WATER S | SHUT-OFF | PULL OR ALTER CA | ASING | WATER SHUT-OFF | REPAIRING V | WELL |
| FRACTURE TRE | IAT | MULTIPLE COMPLE | TE | FRACTURE TREATMENT | ALTERING CA | ASING |
| SHOOT OR ACE | DIZE | ABANDON* | | SHOOTING OR ACIDIZING | X ABANDON MEI | NT* |
| REPAIR WELL (Other) | | CHANGE PLANS | | (Other) Squeeze (Note: Report resul | lts of multiple completion | on Well |
| 17. DESCRIBE PROPE proposed wo | OSED OR COMPLETED ORK. If well is dire | OPERATIONS (Clearly ctionally drilled give | state all pertinent | Completion or Recon details, and give pertinent date ons and measured and true vert | apletion Report and Log for es, including estimated dat | e of starting any |
| nent to this | | | | | | |
| Pofo | The | workover d | one on Ni | x C #1 was comp | leted 11-9-65. | • |
| Deroi | re: TD 12, | 235' DOD I | 2,225'. | Pay Devonian 12, | ,108-12,190', | |
| 7-1-6 | 5. 12,12U- | ۱ و ۱۵۰ و ± ۱ م | 130-12, | 148 & 12,183-12, | ,187'. Latest | test |
| Sour | perfs 12 1 | 20, 110 wa 20-12 1261 | 12 138_ | hours, gas TSTN 12,148, 12,183-1 | M. WORK Done: | |
| emt t | to 12.088 | Perf 12 | 72,130 | ,105', 12,123, 1 | 101.10 0 10 1 | l OUT |
| 12.16 | 53' W/1 JS | PF. Acidi | zed W/200 | 0 gals 15% acid. | لر∠L4 ت 14±ركا م Aidizad م | 12(') 12 00 |
| 12,10 | 03' W/1.00 | O gals aci | d. After | : TD: 12.235! | DOD 12 OSSI | Parr. |
| Devor | nian (12,0 | 93-12.163 |) Perfs: | 12.0931. 12.10 | 51. 12.123±.1 | 12.141 |
| 12,15 | 57, 12,163 | W/l JSPF. | On test | 12,093', 12,10' 11-15-65 pmpd 1 | 10 BO. no wtr | in 24 |
| hours | Gas TS | TM. Fluid | Level 11 | ,500'. Workover | started: 10 | 0-29-65. |
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TITLE Staff Supervisor DATE 11-22-65 (This space for Federal or State office use) APPROVED BY TITLE _ CONDITIONS OF APPROVAL, IF ANY: USGS-5, Schufflebarger-2 File -1

*See Instructions on Reverse Side

NOV 23 1965

J. L. GONEKUM ACTING DISTRICT EXCHINE