

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 068656 C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals for drilling or completion of a well or for plugging back to a different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" 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 Nix C
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico	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' FSL & 660' FWL of Section 13, T-18S, R-35E, Lea County, New Mexico, NMPM.	10. FIELD AND POOL, OR WILDCAT Reeves Devonian
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 13-18S-35E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3883 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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) <input type="checkbox"/>	
(Other) Squeeze & Reperf <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.)*

The subject well was completed on 5-11-62 for and IP of 349 BO, 4 BW in 24 hours on 14/64" choke. GOR 40. TD-12,235, DOD 12,225. Perfs 12,183-187.

On 7-19-65 well pumped 7 BO and 985 BW.

In order to increase daily production and ultimate recovery, it is proposed to squeeze present perfs and perforate select intervals (12,093 - 12,163) approximate, acidize perforation.

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

SIGNED <u>Hal R. Stephens</u>	TITLE <u>Staff Supervisor</u>	DATE <u>10-21-65</u>
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(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:
USGS-5, Schufflebarger -2, File -2

*See Instructions on Reverse Side

APPROVED

OCT 22 1965

A. R. BROWN

DISTRICT ENGINEER