

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other Instructions on  
reverse side)

NM-1150

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 (Dual)

2. NAME OF OPERATOR  
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR  
Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1980' FSL & 660' FEL of Sec. 3.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3619' DF

5. LEASE DESIGNATION AND SERIAL NO.  
LC 0304/3a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
REED A-3

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Eynice Monument Oil & Gas

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 3, T. 20S, R. 36E

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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Plug off Oil Zone	

(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.)\*

Removed oil producing equipment from well and set 2" Otis WC tubing plug @ 3740' to block off the oil zone. Gas is being produced up the tubing thru the Garrett sleeve.

A well bore schematic is attached.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

DATE  
ACCEPTED FOR RECORD  
AUG 14 1974  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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