

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
reverse 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 <i>Reed Sanderson</i>
2. NAME OF OPERATOR <i>Continental oil Company</i>		8. FARM OR LEASE NAME <i>Reed Sanderson Unit</i>
3. ADDRESS OF OPERATOR <i>Box 460 Hobbs, New Mexico</i>		9. WELL NO. <i>17</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>660' FNL and 660' FWL of Sec 10</i>		10. FIELD AND POOL, OR WILDCAT <i>Eumont</i>
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 10, T-205, R-36E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3618' df</i>		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>N. Mex</i>

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.) *

Set RBP at 3990' and pkr at 3950'. Treated perfs 3959'-3978' w/1000 gals 1590 HCL-NE acid. Moved RBP to 3950' and pkr to 3850'. Treated perfs 3882'-3936' w/2000 gals 1590 HCL-NE acid. Moved RBP to 3820' and pkr to 3730'. Treated perfs 3765'-3793' w/1000 gals 1590 HCL-NE acid. Work started 11-23-71 Completed-11-29-71

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

SIGNED *[Signature]* TITLE *Admin Supervisor* DATE *1-27-72*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(5) NMFU(4) File