

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1121.

5. LEASE DESIGNATION AND SERIAL NO.

LC-031622(6)

6. INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL + 660' FWL of Sec 10

14. PERMIT NO.

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

3618' DIF

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:

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)

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.)*

It is proposed to acidize this well by the following procedures.

Go in hole w/ BP and packer. Treat perfor from 3959' to 3978 w/ 1000 gals 15% HCL-NE acid. move BP + packer + treat perfor from 3882' to 3936 w/ 2000 gals 15% HCL-NE acid. move BP + packer and treat perfor from 3765' to 3793' w/ 1000 gals 15% HCL-NE acid. Place well back on production.

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

SIGNED

[Signature]

TITLE Administrative Supervisor

DATE 11-8-71

(This space for Federal or State office use)

APPROVED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS (5) File

NMFU Phs.

*See Instructions on Reverse Side

J. L. GORDON
DISTRICT ENGINEER