

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 NMFU
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME Sanderson B-1
3. ADDRESS OF OPERATOR P. O. Box 450, Hobbs, New Mexico 88240		9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL and 330' FHL, Sec. 10, T-20S, R-36E, Lea County, New Mexico.		10. FIELD AND POOL, OR WILDCAT Monument GSA Pool
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-20S, R-36E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3591' 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 COMPLETE <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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

The subject well was treated as follows:

1. Ran 500 gallons Red Sol I down casing and circulated out.
2. Ran 250 gallons "Gypsol" down casing and circulated out.
3. Pumped 500 gallons 15% NE acid and circulated out.
4. Pumped 1 drum Calgon S-31 with 20 barrels produced water and followed with 50 barrels produced water.
5. Returned to production.

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

SIGNED _____ TITLE Sup. Prod. Engineer DATE 9-14-67

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS-5 ATL-Ros-2 CHEV-Mid-2 PAN AM-Hobbs-2 FILE

SEP 19 1967

J L GORDON
*See Instructions on Reverse Side ACTING DISTRICT ENGINEER