Form 9–331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42–R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-031622 (a)

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL ☒   GAS WELL ☐   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Continental Oil Co.

8. FARM OR LEASE NAME
Sanderson A

3. ADDRESS OF OPERATOR
Box 460 Hobbs, N. Mex

9. WELL NO.
7

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

660' FNL and 660' FEL of Sec 14

10. FIELD AND POOL, OR WILDCAT
Eunice-Monument G-5A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 14, T-20S, R-36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3566' df

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:				SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL ☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING ☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☒	ABANDONMENT* ☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)		

(Other)

(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 packer at 3730' and treated OH 3780'-3896' w/1500 gals 15% NE acid. Completed - 11-13-72

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

SIGNED *Robert Gault III*   TITLE *Admin. Supervisor*   DATE *11-17-72*

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

USGS C-5   NMFU-4 File