

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions  
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"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-031622(a)</b>
2. NAME OF OPERATOR <b>Continental oil Co.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>Box 460 Hobbs N.Mex</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1980' FNL and 1980' FEL of Sec 14</b>		8. FARM OR LEASE NAME <b>Anderson A</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3565' df</b>	9. WELL NO. <b>9</b>
		10. FIELD AND POOL, OR WILDCAT <b>Eerie-Monument</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 14, T-205, R-36E</b>
		12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>N.Mex</b>

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.)\*

*Set pkr at  $\pm 3840'$ . Pump in 2000 gals  
15% FE-NE HCL acid through tubing. Swab  
back spent acid and place on production.*

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

SIGNED

*Robert Bault*

TITLE

*Admin. Supervisor*

DATE

*10-2-72*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**APPROVED**

OCT 5 1972  
ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

USGS(5) 11M FH (12) E.O.