

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. 10 031622 (a)	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		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 330' FNL & 2310' FWL, Section 14, T-20S, R-36E, Lea County, New Mexico.		8. FARM OR LEASE NAME Sanderson A	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3573' D. F.		10. FIELD AND POOL, OR WILDCAT Monument, G.S.A. Pool	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-20S, R-36E	
		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) String Shot	(Other) <input checked="" 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.)*

Subject well was returned to producing status by the following procedure:

1. Ran string shot over perforations 3790-3873
No. 1 shot used 300 grains per foot
No. 2 shot used 500 grains per foot
2. Acidized perforations 3790-3873 #/1500 gallons 15% LSTNE.
3. Ran 2 3/8" tubing set at 3782' W/seating nipple at 3748'.

On Test 7-12-67, pumped 64 BO, 107 BW, and 271 MCFG in 24 hours. GOR 4234.

Workover started 7-2-67. Completed 7-4-67.

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

SIGNED James D. Stuart TITLE Supervising Engineer DATE 7-18-67

(This space for Federal or State office use)

APPROVED BY APPROVED TITLE JUL 19 1967 DATE 7-18-67

CONDITIONS OF APPROVAL, IF ANY: A.C. Brown DISTRICT ENGINEER

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

*See Instructions on Reverse Side