

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-03/622 (a)

6. IF 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

990' FSL & 330' FEL of Sec. 11

7. UNIT AGREEMENT NAME

N.M.F.U.

8. FARM OR LEASE NAME

Sanderson A.

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Excise Monument B-5A

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 11, T. 20S, R. 36E

12. COUNTY OR PARISH

Lea

13. ST.

N. Mex.

14. PERMIT NO.

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

3560' GR

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 perti-
nent to this work.) *

Ran and set CIBP at 3834'. Spotted 1 sack of cement
on top. Perf. 5 1/2" casing w/155PF at 3805' & 3822'.
Treated perfs w/1000 gals. 28% acid. Ran tubing,
water and pump. Placed well back on production.

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

SIGNED

TITLE Division Office Manager

DATE 12-7-73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DEC 7 1973

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side