

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL WELL OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME Skaggs B	
3. ADDRESS OF OPERATOR Box 460 Hobbs, New Mexico		9. WELL NO. 1	
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' FWL of Sec 12		10. FIELD AND POOL, OR WILDCAT Skaggs Horiet.	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12, T-205, R-376	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3594' dr		12. COUNTY OR PARISH Lea	
		13. STATE N. Mex	

18. 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)

ABANDONMENT*

(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 pkr at 5158'. Trtd perfs 5287' to 5313' w/2000
gals 15% HCL-LST NE acid. Plced back on
production.

Work started - 12-31-71

work completed - 1-2-72

Test - before

Test - after

Pmpd 36 BO and 1 BW in 24 hrs.

Propd 109 BO and 9BW
in 24 hrs.

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

SIGNED

TITLE

DATE _____

(This space for Federal or State office use)

TITLE

DATE _____

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

USGS(5) NMFC(4) File

ADDITIONAL RECORD

DATE

U SURVEY

NOV 20, 1944