(May 1963)

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC 031620C (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: Skaggs B

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, New Mexico 88240

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 Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 12, T-20S, R-37E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3594' 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	[X]	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.)*

It is proposed to acidize this well by the following procedure:

Run treating packer on 2 3/8" tbg and set at 5275'. Treat w/ 2000 gals 15% HCL-LST-NE acid at ±4 BPM rate. Run producing equip and place back on production.

ILLEGIBLE

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

SIGNED: [signature] TITLE: Administrative Supervisor DATE: 12-10-71

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DEC 13 1971
ARTHUR R. BROWN
DISTRICT ENGINEER

~~USGS (3)~~ File NMFU(4)

*See Instructions on Reverse Side