

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

HOBBSSUBMIT IN TRIPLICATE.
(Other instructions on 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"/>	7. UNIT AGREEMENT NAME AMFU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Skaggs B-2
3. ADDRESS OF OPERATOR 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 & 660' FWL, Sec. 12-20-37, Lea County, New Mexico N.M.P.M.	10. FIELD AND POOL, OR WILDCAT AMFU Field Skaggs Drinkard-Glorieta
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3594 DF
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-20S, R-37E
	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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Repair Communications</u> <input checked="" type="checkbox"/>	
(Other)			

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.)*

BEFORE WORKOVER: T.D. 6960' PB 6950' Elev. 3583 GL 5 1/2" csg. set @ 6959'. Drinkard Pay - (6660-6922). Perfs 6900-22 W/88 shots. Latest test 16 BO, 7 BW & 131 MCFG. Glorieta Pay - (5287-5313). Perfs 5287-93, 5298-5303 & 5305-5313 W/4 JSPP. Latest test pmpd. 33 BO, 5 BW in 24 hrs. on open choke. GOR 904. On latest packer leakage test communications found to exist between Drinkard & Glorieta zones.

WORK DONE: Tubing found to hold pressure. Pulled rods, pump and tubing from Glorieta & Drinkard. Reran tubing, replacing two jts. with holes. Ran rods & pump in Glorieta. Tested each zone.

AFTER WORKOVER: No change in T.D. Form. R.B.M. Elev., pay, csg., or perfs. Drinkard: On test 2-22-67 flowed 16 BO, 33 BW W/400 MCF gas in 24 hrs. on 22/64" choke. GOR 25,000. Allowable 3 BOPD (Penalized). Glorieta: Tested 3-16-67. Pmpd 30 BO, 48 BW W/107 MCF GPD. GOR 3566. Allowable 30 BOPD.

APPROVED

Workover started 2-10-67. Completed 2-16-67.

APR 10 1967

J. L. GORDON
ACTING DISTRICT ENGINEER

18. I hereby certify that the foregoing is true and correct.
SIGNED Joe L. Bates TITLE Staff Supervisor DATE 4-4-67
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: