

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved:
Budget Bureau No. 42-R1101

5. LEASE DESIGNATION AND SERIAL NO.

~~LC-031620(6)~~

6. INDIAN, ALLOTTEE OR TRIBE NAME

N/M 0557686

7. UNIT AGREEMENT NAME

S. E. M. U.

8. FARM OR LEASE NAME

S. E. M. U. PERMIAN

9. WELL NO.

80

10. FIELD AND POOL, OR WILDCAT

SKAGGS GRAYBURG

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

SEC 13, T-20S, R-37E

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

1980' FSL & 1980' FEL OF SEC. 13

14. PERMIT NO.

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

3557' DT

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:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐
☐

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

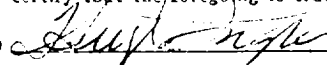
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

It is proposed to free this well by the following procedure.

Clean out fill if necessary. Set packer at 3700' and acidize w/ 1000 gals 20% HCL-NE acid followed w/ 500 gals gelled water. Free well w/ 20,000 gals treated with + 30,000 # 20/40 sand at 16 to 20 BPM. Swab to clean out well bore and place well back on production

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

SIGNED



TITLE Administrative Supervisor

DATE 11-10-71

(This space for Federal or State office use)

APPROVED

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 11 1971

USGS (5) File

NMFU PTRS.

*See Instructions on Reverse Side

J. L. GORDON
REGIONAL DISTRICT ENGINEER

RECEIVED

NOV 15 1971

OIL CONSERVATION COMM.
HOBBS, N. M.