

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0557686
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
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 and 660' FEL of Sec 14

14. PERMIT NO.

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

3555' df

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Seamus Permian

9. WELL NO.

46

10. FIELD AND POOL, OR WILDCAT

Cement Queen Gas

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

Sec 14, T-20S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mexico

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

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

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 perti-
nent to this work.)*

It is proposed to stimulate this well by the following
procedures: Set bridge plug at 3760' and packer at
3715'. Treat w/ 250 gallons 15% HCL acid. Set
bridge plug at 3715' and packer at 3590'. Treat w/
500 gallons 15% HCL acid.

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

SIGNED

[Signature]

Administrative Supervisor

TITLE

DATE 6-14-72

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

USGS(5)

FILE

NMFU(4)

See Instructions on Reverse Side

APPROVED

JUN 15 1972

ARTHUR R. BROWN
DISTRICT ENGINEER