

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 0 55 7686

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Continental Oil Company

8. FARM OR LEASE NAME

Some Permian

3. ADDRESS OF OPERATOR

Box 460 Hobbs, New Mexico 88240

9. WELL NO.

46

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

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

14. PERMIT NO.

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

3 555' df

12. COUNTY OR PARISH

13. STATE

Lea N. Mexico

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

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(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 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

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
[Signature]
ARTHUR R. BROWN
DISTRICT ENGINEER