

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN  
(Other Inst  
verse 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 Dual		5. LEASE DESIGNATION AND SERIAL NO. LC 031621 b
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico		7. UNIT AGREEMENT NAME NMFU
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL of Sec. 15, T-20S, R-37E, Lea County, New Mexico, NMPM		8. FARM OR LEASE NAME SEMU Drinkard-Tubb
14. PERMIT NO.		9. WELL NO. 70
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3552 GR		10. FIELD AND POOL, OR WILDCAT NMFU Field
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15-20S-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 checked="" 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) <input type="checkbox"/>	

(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 fracture treat the Tubb oil zone using the following procedure:

1. Kill Drinkard and Tubb Zones.
2. Pull dual strings of tubing.
3. Set retrievable bridge plug @ 6550.
4. Set packer @ 6490 and swab off lower zone to check for communication with upper perforations and determine that the lower zone is producing.
5. If no communication frac lower zone from 6505-6520 W/10,000 gallons crude and 10,000# sand.
6. Test Tubb.
7. Pull retrievable bridge plug and re-run dual tubing strings
8. Swab both zones back to production.

Your approval is requested for the above work.

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

SIGNED ROBERT GAULT III

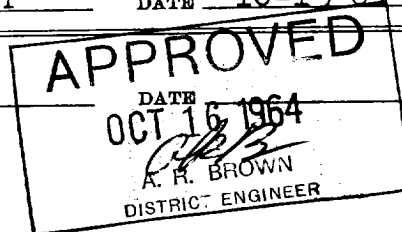
TITLE Staff Supervisor

DATE 10-15-64

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_



\*See Instructions on Reverse Side