

SUNDRY NOTICE AND REPORTS ON WELLS

(Do not use this form for proposals to drill or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

5. LEASE DESIGNATION AND PERMIT NO.
LC D31696 (2)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Continental Oil Company
3. ADDRESS OF OPERATOR
Box 460, Hobbs, New Mexico
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FEL 41980' FNL of Sec. 25, T-20S, R-37E,
in Lea County, N. Mex.
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3529 DF'

7. UNIT AGREEMENT NAME
22. M. J. V.
8. FARM OR LEASE NAME
S.E. 1/4, Section
9. WELL NO.
30
10. FIELD AND POOL, OR WILDCAT
Shogga Pool
Shogga Reservoir Pool
11. TOWNSHIP, RANGE, OR BUREAU AND SURVEY OR AREA
Sec. 25, T-20S, R-37E
12. COUNTY OR PARISH
Lea
13. STATE
N. Mex.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☒
FRACTURE TREAT ☒
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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.

Dump pea gravel down casing until fill is to approx. 3750'; mix 2 drums of United Chemical TH-762 A in 20 bbls; produced water. Pump into formation & overflow with 10 bbls. produced water. Free with 20,000 gals treated brine & 30,000 # sand with sat. 20 BPM at 2400-2800 psi - 1400 HHP. Re-run producing equipment and place well on production.

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

SIGNED M. E. Goodley
(This space for Federal or State office use)

TITLE Administrative Section Chief DATE 4-11-69

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED DATE

APR 14 1969

*See Instructions on Reverse Side

ARTHUR H. KOWN
DISTRICT ENGINEER