

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.
NM-2511
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 Co.*
3. ADDRESS OF OPERATOR *Box 460 Hobbs, N. Mexico*
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1780' FEL and 660' FSL of Sec 28
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3512' df

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Tracy B-28 Acct 2L
9. WELL NO.
2
10. FIELD AND POOL, OR WILDCAT
Elmout Queen Gas
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 28, T-205, 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:

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.)*

Acidized down tubing w/ 1500 gals 28% HCL-NE acid. Completed - 10-16-72

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

SIGNED

Robert Paul

TITLE

Admin. Supervisor

DATE

11-17-72

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE