

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-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, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1980' 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
Meyer B-28A Acc 2

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Eumont Queen Gas

11. SEC., T., R., M., OF BLK. AND SURVEY OR AREA
Sec 28, T-20S, R-37E

12. COUNTY OR PARISH 13. STATE
Lea N. Mex

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
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 pertinent to this work.) *

Pump 1500 gals 15% HCL-NE acid down tubing at 2-3 BPM and return to production.

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

SIGNED Robert Gault

TITLE Admin. Supervisor

DATE 10-6-72

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

11565(5) NMFA(4) File

