Form 9-331 (May 1963)		TES su	BMIT IN TRIF CATE	
L	DEPARTME OF THE		se side)	
GEOLOGICAL SURVEY				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(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.)				
<u>- Sep 79   13</u>	Se AFFILICATION FOR PERMIT	- for such proposais.		7. UNIT AGREEMENT NAME
OIL X GAS WELL	Dual			NMFU
	OTHER DUGI			8. FARM OR LEASE NAME
2. NAME OF OPERATOR Continental Oil	Company			Lockhart A-27
3. ADDRESS OF OPERATOR		ه م <u>ن</u> <del>اند جرب ا</del>		9. WELL NO.
Box 460, Hobbs,	New Mexico	·	1 1	11
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface				NMFU Field, OR WILDCAT Blinebry(0il) &Drinkard(0il)
1980' FNL & 660' FEL of Section 27, 215, 37E,				11. SEC., T., B., M., OE BLK. AND SUEVET OR AREA
Lea County, New Mexico, NMPM.				27-21-37
14. PERMIT NO.	15. ELEVATIONS (S	how whether DF, RT, GR, e 3409 DF	tc.)	12. COUNTY OB PARISH 13. STATE Lea New Mexico
16.	Check Appropriate Box To	o Indicate Nature o	of Notice, Report, or	Other Data
NO	TICE OF INTENTION TO :	l		QUENT REPORT OF :
			Г	BEPAIRING WELL
TEST WATER SHUT-OFF	PULL OR ALTER CASI		WATER SHUT-OFF	ALTERING CASING
FRACTURE TREAT	MULTIPLE COMPLETE		RACTURE TREATMENT	ABANDONMENT*
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	Dual Complete X
REPAIR WELL	CHANGE PLANS		(Other) (Note : Report_resul	ts of multiple completion on Weil
(Other)				apletion Report and Log form.)
and 5892 w/1 J 5694-5892 w/30	,000 gals crude, 16,	5694-5892 w/1 000# sand & 1	000 gals 15% LS 500# "ADOMITE"	TNE Acid. Fraced perfs additives.
On IP	, Blinebry flowed 31	10 bb1s 39° gr	avity 011, 4 BW	in 21 hrs w/685 MCFGPD.
Worko	over started 8-31-64.	. Completed 9	-7-64. Tested	9-8-64 and the second s
18. I hereby certify that	the foregoing is true and correct			
SIGNED		TITLE Assista	nt District Mar	nager 9-21-64
				OVED
(This space for Feder	al or State office use)			
APPROVED BY CONDITIONS OF AP	PROVAL IF ANY:	TITLE	<u>2</u>	1964 DATE
CONDITIONS OF AF		ee Instructions on R	J. L. GO everse Side	
USGS(5) NMOC				