Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-032096(a)

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
Lockhart A-27

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, NM 88240

9. WELL NO.
4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
510' FWL and 660' FNL of Sec 27

10. FIELD AND POOL, OR WILDCAT
Undesignated San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 27, T-21S, R-37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3431' DF

12. COUNTY OR PARISH
Lea

13. STATE
NM

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) ☐	
(Other) temporary abandon ☒		(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.)*

Spot 50 sacks class C cement from plug back depth to approximately 3775'. Shut well in.

Note: Verbal approval to perform this work was given by Mr. Brown on 4-4-73.

18. I hereby certify that the foregoing is true and correct
SIGNED Edward Gault III TITLE Admin. Supervisor DATE 4-4-73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
APR 5 1973
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5 FILE NMFU-4