

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-032096 (a)</b>
2. NAME OF OPERATOR <b>CONTINENTAL OIL COMPANY</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>Box 460, Hobbs, N.M. 88240</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>810' ENL &amp; 660' FWL OF SEC. 27</b>		8. FARM OR LEASE NAME <b>LOCKHART A-27</b>
14. PERMIT NO.		9. WELL NO. <b>8</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3410' DF</b>		10. FIELD AND POOL, OR WILDCAT <b>BURNEDRY (GAS)</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 27, T. 21-S, R. 37E</b>
		12. COUNTY OR PARISH <b>LEA</b>
		13. STATE <b>N.M.</b>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<b>REPAIR COMMUNICATIONS</b>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<b>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</b>		

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.)\*

Communications between the production & intermediate casing has recently occurred. The following work is proposed:  
Locate leaks and selectively perf. csq w/4 ISPF. Set squeeze tool 100' above parts & squeeze w/150 sks. Class "C" cement. WOC, drill out & test. Re-squeeze if necessary. Retrieve BP & re-run tubing strings & packer. Place back on production.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

JAN 3 1975

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

USGS-f, NMIA-4, File