UNI D STATES SUBMIT IN DEPARTMEN. OF THE INTERIOR (Other in verse side)

SUBMIT I	IN TRIPLIT	TE!
(Other in		re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

GEO	LOGICAL	_ SUR\	/EY

	GEOLOGICAL SURVET	1 LC 03209	30 (D)
(Do_not use this form for pr	OTICES AND REPORTS ON WELLS roposals to drill or to deepen or plug back to a different reservoir.	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
	ैं 6प	T. UNIT AGREEMENT NA	мв
WELL X WELL OTHE	B	ими	
2. NAME OF OPERATOR		8. FARM OR LEASE NAM	18
Continental	Oil Company	Lockhart	B-35
3. ADDRESS OF OPERATOR		9. WELL NO.	
Box 460, Hob	bs, New Mexico	2	
	on clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR	
660' FNL & 1980' Lea County, New 1	FEL of Section 35-21S-37E, Mexico, NMPM.	11. SEC., T., E., W., OR B SURVEY OR ARMA	
		Sec. 35, 21	S-37E,
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	
	3384 D.F.	Lea	N.M.
16. Check	Appropriate Box To Indicate Nature of Notice, Report,	or Other Data	
NOTICE OF I	NTENTION TO:	UBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING W	/BLL
1 1		1 1 1	1

NOT	NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Squeeze (Note: Report rest Completion or Reco	& Reperi		X

The Drinkard zone was plugged off and the Blinebry gas zone was squeezed off in Lockhart B-35 No. 2. The Blinebry oil zone was then opened. The following work was perfored:

- 1) Set CIBP @ 6400' W/2 sx cement on top. Plug back depth: 6392'.
- 2) Perf Blinebry @ 5786, 5808, 5828,5833, 5848, 5876, 5898, 5904, 5915 & 5926 W/l JSPF.
- 3) Treated perfs 5876-5926 W/750 gallons acid, 17,500 gals crude, 26,250# sand, & 875# "ADOMITE" Additives. Treated perfs 5786-5848 W/750 gallons acid, 17,300 gallons crude, 26,250# sand, & 875# "ADOMITE" Additives.
- I.P. Flwd 58 BO, 7 BW, in 24 hours W/1031 MCFGPD on 20/64" CHK.

Workover started 5-18-64, completed 5-24-64, Tested 6-24-64.

18. I hereby certify that the foregoing is true and correct SIGNED SIGNED: ROBERT GAULT II	TITLE _	Staff	Supervisor	DATE 10-13-64
(This space for Federal or State office use)		·		
APPROVED BY	TITLE _		Marie Land	DATE
CONDITIONS OF APPROVAL, IF ANY:				

*See Instructions on Reverse Side

^{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.) *