

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.

LC 0320966

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 COMPANY

3. ADDRESS OF OPERATOR

Box 460, Hobbs, N.M. 88240

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

1980' FNL & 660' FEL of Sec. 35

14. PERMIT NO.

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

3379' DF

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

LOCKHART B-35

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

BLINEBRY & DRINKARD Oil

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 35, T-21S, R-37E

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

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)

DOWNHOLE COMMINGLING

(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.)*

A sliding sleeve in the 2 1/16" Drinkard tubing @ 6298' was opened to produce both zones through the Blinebry tubing. Work started & completed 10-31-72.

Downhole commingling approved by Order No. DHC-108 by letter dated 3-10-72.

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

SIGNED

TITLE

SR. ANALYST

DATE

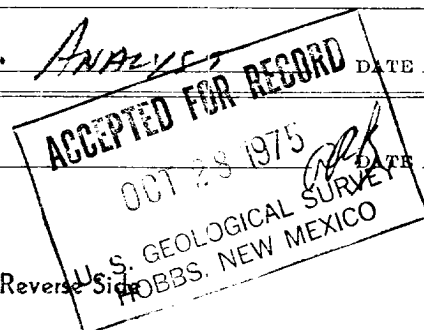
10-27-75

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

USGS-8, NMFU-4. File