

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. WELL TYPE OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 032096 (b)	
2. NAME OF OPERATOR Continental Oil Company		6. IF MINOR, ALLOTTEE OR OTHER NAME	
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico		7. UNIT AGREEMENT NAME NMFUE	
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, Section 35, Township 21 South, Range 37 East, Lea County, New Mexico, NMPM.		8. FARM OR LEASE NAME Lockhart B-55	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3379 DF		10. FIELD AND POOL, OR WILDCAT Drinkard & Blinebry	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA Sec. 35-21S-37E	
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.)		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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)

Dual Completion

(Other)

(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.)

Perforated Blinebry at 5682, 5693, 5700, 5708, 5718, 5728, 5738, 5751, 5772, 5781, 5802, 5814, 5827, 5835, 5842, 5854, 5870, 5891, & 5908' w/1 JSPF. Treated Blinebry 5802-5908' w/1,000 gals acid, 30,000 gals crude, 30,000# sand & 1,500# "ADOMITE" additives. Treated Blinebry 5682-5781 w/1,000 gals acid, 30,000 gals crude, 30,000# sand & 1,500# "ADOMITE" additives.

Blinebry flowed 59 BO, 7 BW in 10 hrs w/115 MCFG, COR 1949, 20/64" choke.

Work started 2-25-64. Work completed 2-26-64.

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

SIGNED

TITLE Staff Supervisor

DATE 4-3-64

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side

USGS(5) NMOCC(2) ABS PanAm-Hobbs(3) At1-08s(2) Calif-Mid&Hou(1 ea.)