

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio
verse side)

DATE
on re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031670 b

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME SEMC PERMIAN	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		9. WELL NO. 74	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL and 1980' FWL, Section 18, T-20S, R-38E, Lea County, New Mexico.		10. FIELD AND POOL, OR WILDCAT Skaggs Grayburg Pool	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3550' G.R.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-20S, R-38E	
		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:		SUBSEQUENT REPORT OF:	
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 type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
		WATER SHUT-OFF	<input checked="" type="checkbox"/>
		FRACTURE TREATMENT	<input checked="" type="checkbox"/>
		SHOOTING OR ACIDIZING	<input type="checkbox"/>
		REPAIRING WELL	<input type="checkbox"/>
		ALTERING CASING	<input type="checkbox"/>
		ABANDONMENT*	<input type="checkbox"/>

(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.)

The following remedial work was performed on this well:

1. Cleaned out from 3862-3954'.
2. Ran caliper survey 3945-3706'.
3. Acidized open hole 3810-3954 w/500 gallons 15% LSTNE.
4. Fraced open hole section 3748-3954' w/11,000 gallons lease crude and 11,000# sand.
5. Ran 125 joints 2 3/8" tubing set at 3877' w/seating nipple at 3847'. Placed well on pump.

On test 8-14-67, pumped 25 BO, 19 BW, with gas to small to measure.

Work started 7-5-67. Completed 7-16-67.

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

SIGNED

James D. Hark

TITLE

Supervising Engineer

DATE

8-21-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 ATL-Ros-2 CHEV-Mid-2 PAN AM-Hobbs-2 FILE

TITLE

APPROVED

AUG 24 1967

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER