

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. C31670 (b)	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL and 660' FEL, Sec. 19, T-20S, R-38E, Lea County, New Mexico		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3553 D.F.		10. FIELD AND POOL, OR WILDCAT Kings Canyon Pool	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19 T-20 R-38	
		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Deepen	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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)	<input type="checkbox"/>		<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 subject well was completed 11-26-51 at a depth of 3931' O.H. (3279-3931') (Queen Pay - 3729-3820') for an I.P.D. of 1.0 P.D., no water with 38.4 MCF gas. GOR 253.

Well presently pumping at a rate of 23 B.O.P.D. and 5.1 B.W.P.D.

To increase the ultimate recovery and current production rate, it is proposed to deepen the well 20 feet to expose the entire productive interval of the Grayburg formation and to stimulate the well with sandfrac treatment.

A subsequent report will be submitted upon completion of this work.

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

SIGNED

James R. Port

TITLE Supervising Engineer

DATE 5-11-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 ATL-Ros-2 CHEV-Mid-3 PAN AM-Hobbs-2 FILE