

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 031695

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 Warren Unit
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Warren Unit Blinbry
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico	9. WELL NO. <u>Bathery 7</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FEL Sec. 33-T-20S, R-38E Lea County, New Mexico, NMPM.	10. FIELD AND POOL, OR WILDCAT NMFU Field Terry Blinbry Pool
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33-20-38
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3515 DF	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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☒SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)*

In order to restore Warren Unit Blinbry No. 15 to a top allowable status, it was necessary to squeeze present perforations; reperforate and fracture. Before Workover - Pay-Blinbry. Latest test dated 7-19-64, Pmpd 6 BO, No Wtr in 24 hrs. GOR 13,500. Work Done- Squeezed perfs 5780-6014 W/180 sx cmt. Drld out cmt to 6045. Perf Blinbry @ 5806, 5816, 5823, 5830, 5836, 5854, 5860, 5876, 5886, 5895, 5916, 5945, 5952, 5957, 5964, 5968, 5978, 5987, 5998, 6004 & 6010 W/1 JSPF. Treated Blinbry perfs in 2 stages W/straddle packer set at 5930 & 5785. 1st stage - Treated interval 5945-6010 W/1000 gal acid, 17,200 gals crude, 8600# sand & 850# "ADOMITE" Additives. 2nd stage - Treated interval 5806-5916 W/1000 gals acid, 25,000 gals crude, 12,500# sand and 1250# "ADOMITE" Additives. After workover - TD 6050. IP- Pmpd 13 Bbbls 40 deg gravity oil 4 BW in 24 hrs. W/49.9 MCFGPD. GOR 3784. Workover started 9-30-64, Completed 10-7-64. Date tested 12-23-64.

Swabbed back load oil and placed on production.

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

SIGNED SIGNED: ROBERT GAULT III TITLE Staff Supervisor DATE 1-15-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
USGS-5, NMOCC-2, JM PAN AM HOBBS-3, ATL ROS-2, CALIF HOUS & MID-1 each

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER