

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031695 (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 ☒ GAS WELL ☐ OTHER ☐
SEP 15 10 53 AM '64

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico

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 of Section 33, T-20S, R-38E,
Lea County, New Mexico, NMPM.

7. UNIT AGREEMENT NAME

Warren Unit

8. FARM OR LEASE NAME

Warren Unit Blinebry

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

NMFU Field
Terry-Blinebry Pool

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

33-20S-38E

14. PERMIT NO.

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

3515 DF

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Squeeze & Reperforate

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

In order to restore Warren Unit Blinebry No. 15 to a top allowable status, it is proposed to squeeze the present perforations to eliminate communication, reperforate & fracture.

Proposed procedure:

1. Squeeze perforated interval 5780-6014'.
2. Drill out cement to 6040 & test squeeze.
3. Perf 5806, 5816, 5823, 5830, 5836, 5854, 5860, 5876, 5886, 5895, 5916, 5945, 5952, 5957, 5964, 5968, 5978, 5987, 5998, 6004 & 6010' w/1 JSPF.
4. Treat above perms in 2 stages with straddle packers set at 5930 & 5785.
 - a. Stage 1, treat interval 5945-6031 w/600 gals acid, 25,000 gals crude, 25,000# sand & 1250# "ADOMITE" additives.
 - b. Stage 2, treat intervals 5806-5916 w/600 gals acid, 25,000 gals crude, 25,000# sand & 1250# "ADOMITE" additives.

Latest test dated 7-19-64, pumped 6 BOPD, no water, GOR 13,500.

Work will commence upon approval of the application.

Your approval of the above work is requested.

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

SIGNED

TITLE Staff Supervisor

DATE 9-8-64

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(5) NMOCC(2) JM PanAm-Hobbs(3) Atl-Ros(2) Calif-Hou&Mid(1) Lea

