Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions re-verse 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.)

Oct 19 11 49 AM '65

5. LEASE DESIGNATION AND SERIAL NO.: LC 031620 b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: NMFU

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: Skaggs B

3. ADDRESS OF OPERATOR: Box 460, Hobbs, New Mexico

9. WELL NO.: 6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL & 1980' FWL of Sec. 11, T-20S, R-37E, Lea County, New Mexico, NMPM.

10. FIELD AND POOL, OR WILDCAT: NMFU Field Monument Tubb Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: S-11, T-20S, R-37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3585 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: | | | | 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) | | | [ ] |
| (Other) Isolate Gas Zone | | | [X] | (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 on 4-19-65 for an I.P. of 273 BO, no water in 16 hours W/300 MCFG. GOR 1100.

On recent test dated 8-4-65 well flowed 50 BO, no water W/1156 MCFG. GOR 22.832. Penalized allowable of 19 bbls.

In order to eliminate and isolate gas zone, it is proposed to locate point of gas and oil entry and reset packer to eliminate gas and treat oil zone W/acid if necessary.

A subsequent report will be submitted upon completion.

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

SIGNED Hal R. Stich TITLE Staff Supervisor DATE 10-13-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMOCC-2, ATL ROS-2, PAN AM -3, CALIF MID -2, FILE

APPROVED
OCT 15 1965
A. R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side