

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-032099(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 ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1980' FNL and 1830' FEL of Sec 1

14. PERMIT NO.

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

3496' gr

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lockhart B-1

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Blinty & Drinkard

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

Sec 1, T-22S, R-36E

12. COUNTY OR PARISH

Lea

13. STATE

NM

10. 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 perti-
nent to this work.)

It is proposed to downhole commingle this well by the following procedures: Pull producing equipment and bridge plug. Re-run tbg and set at $\pm 6755'$ and place on production.

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

SIGNED

Robert H. Paulsen

TITLE

Admin. Supervisor

DATE

4-5-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

APR 11 1973

*See Instructions on Reverse Side

USGS-5 FILE

NMFW-4

J L GORDON
ACTING DISTRICT ENGINEER