

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>CONTINENTAL Oil Company</i>	8. FIRM OR LEASE NAME <i>LOCKHART B-1</i>
3. ADDRESS OF OPERATOR <i>Box 460, Hobbs, N. M. 88240</i>	9. WELL NO. <i>8</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FNL & 660' FEL of Sec. 1</i>	10. FIELD AND POOL, OR WILDCAT <i>BLINEBRY-DRINKARD</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3483' GR.</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 1, T-22S, R-36E</i>
	12. COUNTY OR PARISH <i>LEA</i>
	13. STATE <i>N.M.</i>

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.)*

After testing both zones upon initial completion, this well was downhole commingled 8-12-74 by NMOC Order No. R-4824, dtd 7-18-74.

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

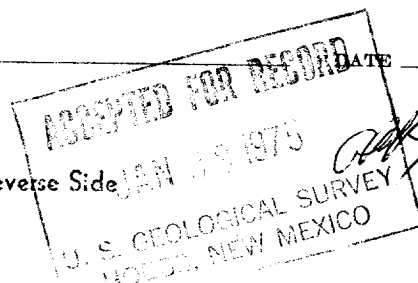
SIGNED *[Signature]*TITLE *SR. ANALYST*DATE *1-21-75*

(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____



USGS-5, NMFU-4, File

*See Instructions on Reverse Side