

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions
reverse side)

TR-
re-

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. FARM OR LEASE NAME <i>Rockport B-1</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, New Mexico 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>Blindley-Drilled Oil</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3,483' CR</i>	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <i>Sec. 1, T-22S, R-36E</i>
		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>N. Mex.</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

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

(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.)*

Spudded 12 1/4" hole on 10-9-73 and drilled to 1,150'. Set 8 5/8" 20' casing at 1,150' and cemented with 600 sacks class "C" cement. Circulated cement to surface. Perforated casing with 1000', held OK.

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

SIGNED *Robert Gault* TITLE *Division Office Manager* DATE *1-7-74*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS-f, NMFO-4, File

*See Instructions on Reverse Side

