

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-032079 (6)

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, N.M. 88240

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

1930' FSL & 660' FEL of Sec. 1

14. PERMIT NO.

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

3,479' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rockhart B-1

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Blindly Drilled Oil

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

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

12. COUNTY OR PARISH 13. STATE

Lea N. Mex.

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) *Setting Production String*  
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

(Other)

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.) \*

Set 5 1/2" 14# & 15.5# Casing at 6,900'. Cemented with 550 sacks class "C" Cement. P.B. at 6,864'. T.O.C. by survey at 4,520'.

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

SIGNED

*Robert Gault*

TITLE Division Office Manager

DATE 2-4-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*[Signature]*

\*See Instructions on Reverse Side

USGS-5, NM 70-4, File