

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031695(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME WARREN
2. NAME OF OPERATOR CONTINENTAL Oil Company	8. FARM OR LEASE NAME WARREN Unit
3. ADDRESS OF OPERATOR Box 460, Hobbs, N.M. 88240	9. WELL NO. 31
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FEL of SEC. 27	10. FIELD AND POOL, OR WILDCAT WARREN BLINERY & DRINKARD
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3534' GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 27, T. 20S, R. 38E
	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <i>Interim Report on D. &amp; G. Well</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.)\*

Drilled to TD 7050' (Drinkard). Perf 7" csg 6811'-17' & 6848'-52' w/ 4 JS PF. Acid w/ 1000 gals. Low prod. rate on swab test. Set CIBP @ 6700' w/ 1 sk. cmt. on top. Perf Tubb zone 6577', 86', 6617', 30', 40', 45' & 6666' w/ 1 JS PF. Trtd w/ 1500 gals acid & frac w/ 3000 gals gelled trtd. fresh wtr. & 5000 gals acid. Now testing Tubb @ rate of 140-160 BOPD.

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

SIGNED

*[Signature]*

TITLE

Sr. Analyst

DATE

9-26-74

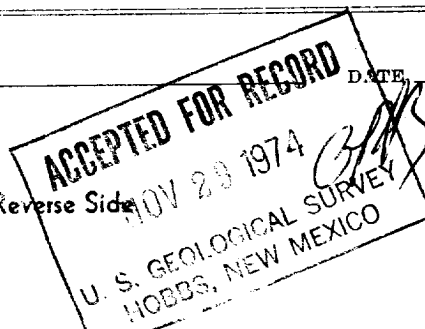
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

USGS-S, NMFW-4, File