

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <b>LC 032096(6)</b>
2. NAME OF OPERATOR <b>CONTINENTAL OIL COMPANY</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>Box 460, Hobbs, N.M. 88240</b>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>2180' FNL E 660' FEL OF SEC. 35</b>	8. FARM OR LEASE NAME <b>LOCKHART B-35</b>
	9. WELL NO. <b>5</b>
	10. FIELD AND POOL, OR WILDCAT <b>WANTZ A30</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 35, T-215, R-37E</b>
14. PERMIT NO.	12. COUNTY OR PARISH <b>LEA</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3369' GR. (EST.)</b>	13. STATE <b>N.M.</b>

## 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"/>	

## 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) <b>SET INTERMEDIATE CASING</b> <input checked="" type="checkbox"/>	

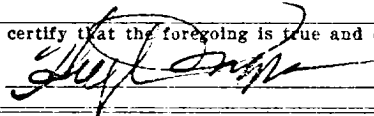
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

Ran 9 5/8" 36# K-55 Casing & set @ 2600' w/350  
sls. Class "C" Cement. Tested to 500#, held ok.  
Top of cement @ 1850'. Plug down 10-2-74.

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

SIGNED



TITLE

SR. ANALYST

DATE

10-8-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

USGS-5, NMPU-4. File

