UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOI   ICAL SURVEY

SUBMIT IN TRIPLICATE*
(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 for a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.
LC - 032099 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL ☒   GAS WELL ☐   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Continental Oil Company

8. FARM OR LEASE NAME
Lockhart B

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.
2

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

660' FNL & 660' FWL of Sec. 14

10. FIELD AND POOL, OR WILDCAT
Eunice Monument (6-SA)

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

Sec. 14, T-21S R-36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3571' DF

12. COUNTY OR PARISH
Lea

13. STATE
NM

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) Shoot thru	☒

(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.)*

Status of Well: Shut in

Approximate date that temp. aban. commenced: 7-12-63

Reason for temp. aban.: uneconomical

Future plans for Well:

Holding for secondary recovery

Dec 4 1975

Approximate date of future W. O. or plugging: Fall, 1976

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

SIGNED _____   TITLE Division Office Manager   DATE 10/30/74

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

NOV 5 1974

JIM SIMS
ACTING DISTRICT ENGINEER

USGS-5, NMFL-4, File

*See Instructions on Reverse Side