

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 031740 (a)

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

Box 460, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface2310' FNL & 2310' FWL of Section 17, T-21S,
R-36E, Lea County, New Mexico, NMPM.

14. PERMIT NO.

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

3633 GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Meyer A-1

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Eunice Pool

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

Sec. 17-T-21S, R-36E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

It is proposed to acidize the Meyer A-1 No. 10 well
using the following procedure:

1. Kill Well
2. Pull rods and tubing. Tag bottom to check TD.
3. Run tubing w/packer - acidize open hole interval W/5,000 gallons 15% LSTNE acid.
4. Swab back acid water and place on pump.

Your permission for the above work is requested.

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

SIGNED WILLIAM D. ROBERT GAULT IIITITLE Staff SupervisorDATE 1-18-65

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

USGS-5, NMOCC-2 JM PAN AM HOBBS 3, ATL ROS-2, STD

*See Instructions on Reverse Side

