

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instruction on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 032099 (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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	NMFU
Continental Oil Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	Lockhart A-30
Box 460, Hobbs, New Mexico	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	7
660' FNL & 660' FWL Section 30, T-21S, R-36E, Lea County, New Mexico	10. FIELD AND POOL OR WILDCAT
	NMFU Field
	Eumont Pool
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	S-30, T-21S, R-36E
14. PERMIT NO.	12. COUNTY OR PARISH
	Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE
3644 DF	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

Perf Additional Pay

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Subject well was completed on 6-22-55 for an IP of 98 BO in 6 hours W/ gas at a rate of 399 MCFGPD through 40/64" choke GOR 1018, through perfs 3854-72, 3876-94.

On latest test dated 6-21-65 well flowed 10 BO, 4 BW and 448 MCFGPD GOR 44,800.

It is proposed to open additional pay in the Seven Rivers by perforating zones (3929-3969) Acidize & Fracture.

Subsequent report will be submitted upon completion of this work.

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

SIGNED Hal R. StephensTITLE Staff SupervisorDATE 10-20-65

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5, PAN AM -3, ATL ROS 2, CALIF MID-2 FILE 2.

*See Instructions on Reverse Side

