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SAME OF CREATOR  Continental Oil Company  A ADDRESS OF CREATOR  BOX 460, Hobbs, New Mexico  1020, 1980 'FML & 660 'FWL of Section 9, T-213, R-37E, Lea County, New Mexico, NMPM  14. PERMIT NO.  15. REPAYTIONS (Show whether EF, Nr. Ca. Std.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Control or Interface or Interface Check of Park Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Control or Interface or Interface Check of Park Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Complete Box Other Data  Control or Interface or Interface Check of Park Check of Interface On Activities Transformers  The Activity of Interface Check of Interface On Activities Transformers  (Other) Data Complete Box To Indicate Nature of Notice, Report, or Other Data  Complete Box Other Data  Control of Interface On Activities Transformers  The Activity of Interface On Activities Transformers  The Activities Transformers  Approved Box Other Data Check Appropriate On Activities Transformers  Stored On Transformers  Stored On Transformers  Control of Check Appropriate Box Other Transformers  Stored On Transformers  Stored On Transformers  Approved Box Other Data Check Appropriate On Transformers  Control of Check Appropriate Box Other Data Check Appropriate Check On Transformers  Stored On Transformers				7. UNIT AGREEMENT NAME
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **NOTICE OF INTERNION TO:  **REPAIR WALES BRUT-OFF***  **PRACTURE TRAAT***  **REPORT OF ALTER CANING**  **REPORT OF CANING**  **REPORT OF ALTER CANING**  **REPORT OF CANING*  **REPORT OF CANING*  **REPORT OF CANING*  **REPORT OF CANING*  **REPORT				9-21-37
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NOTICE OF INTENTION TO:  THEST WATER SHUT-OFF FRACTURE TERAT SHOOT OR ACIDERS ANABON* REPAIR WALL (Other)  17. DESCRIBE PROPOSED OR COMPLETE OF FRANCISCO CHANGE PLANS (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent develual for multiple completion on Well (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent develual depths for all markers and genes pertinent details of the work.)  18. Therefore The Intentionally defined, give subscribes locations and measured and trevettical depths for all markers and genes pertinent details, and give pertinent develual depths for all markers and genes pertinent details, and give pertinent develual depths for all markers and genes pertinent details, and give pertinent develual depths for all markers and genes pertinent details, and give pertinent develual depths for all markers and genes pertinent details, and give pertinent develual depths for all markers and genes pertinent details, and give pertinent develual depths for all markers and genes pertinent details, and give pertinent develual depths for all markers and genes pertinent details, and give pertinent		3502 DF	·	Lea N.M.
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(Other)  (Completion or Report results of multiple completion on Well Completion or Recompletion Report and Log form.)  17. Describe Proposed on Complete Department of Log form.)  17. Describe Proposed on Complete Department of Log form.)  17. Describe Proposed on Complete Department of Log form.)  17. Describe Proposed on Complete Department of Log form.  18. Thereby certify that the foregoing is true and correct Signed  (Other)  (Note: Report results of multiple completed on Well Completion or Recompletion Report and Log form.)  (Completion or Recompletion dates including estimated date of starting any proposed work. If well is directionally drilled, give subsurface lose Log form.)  (In order to increase production from the Hawk A No. 3, the Blinebry was dual completed with the presently producing Drinkard zone.  (Work Done:  10. Perforated Blinebry at 5787, 5805, 5841, 5857, 5868, 5909, 5914, 5933, 5954, 5994, and 6001 W/1 JSPF.  11. Perforated Blinebry at 5787, 5805, 5841, 5857, 5868, 5909, 5914, 5933, 5954, 5994, and 6001 W/1 JSPF.  12. Fraced W/30,000 gals crude, 20,050# sand and 1500# "ADOMITE" Additives.  13. Ran dual completion equipment and placed on production.  14. On IP 10-17-64, Blinebry flowed 115 BO, 0 BW in 16 hours W/53 MCFGPD on 24/64" choke.  15. Log RDON  16. I bereby certify that the foregoing is true and correct Signed Williams and Complete Comple	SHOOT OR ACIDIZE	ABANDON*		
17. Describer Proposed on CompleteD operations (Clearly state all pertinent details, and give pertinent dates, including settlemed date of starting any proposed work, if well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and genes pertinent to this work.)  In order to increase production from the Hawk A No. 3, the Blinebry was dual completed with the presently producing Drinkard zone.  Work Done:  1. Perforated Blinebry at 5787, 5805, 5841, 5857, 5868, 5909, 5914, 5933, 5954, 5994, and 6001 W/1 JSPF.  2. Fraced W/30,000 gals crude, 20,050# sand and 1500# "ADOMITE" Additives.  3. Ran dual completion equipment and placed on production.  On IP 10-17-64, Blinebry flowed 115 BO, 0 BW in 16 hours W/53 MCFGPD on 24/64" choke.  Work started 10-7-64, completed 10-15-64.  APPROVED  IS 1 bereby certify that the foregoing is true and correct SIGNED STRICT ENGINEER  (This space for Federal or State office use)  APPROVED BY  TITLE DATE  TITLE DATE  DATE		CHANGE PLANS		
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