

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPL  
(Other instructions  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031741 (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 surface1980' FNL & 660' FWL of Section 9, T-21S, R-37E,  
Lea County, New Mexico, NMPM.

14. PERMIT NO.

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

3502 DF

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Hawk A

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

NMFU Field

Drinkard Pool

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

Sec. 9-21-37

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

## 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) Perf Add Pay

☒

(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.)\*

Additional pay in the Drinkard zone of Hawk "A" No. 3 was opened by the following procedure: 1) Set drillable cmt retainer @ 6675 & pumped away 25 sx cmt in open hole 6684-6710. 2) Perforated Drinkard 6521, 6528, 6540, 6548, 6560, 6569, 6596, 6603, 6610, 6620, 6648, 6653, & 6664 W/ 1 JSPF. Had communication from perfs 6648, 6653 & 6664 to open hole. Squeezed perfs 6521-6664, W/200 sx cmt. Drilled cmt 6442-6635. 3) Perforated Drinkard 6521, 6528, 6540, 6548, 6560, 6569, 6596, 6603, 6610 & 6620 W/1 JSPF. 4) Treated perfs 6521-6620 W/2000 gals HCL W/ 1/2% HC<sub>2</sub> Acid, 40,000 gals crude, 40,000# sand & 2,000# "ADOMITE" Additives.

Plug back depth: 6635

I.P.: Flwd 120 BO, 0 BW, in 10 Hrs, w/357 MCFG on 16/64" chk. Dor 288 BO.

Workover started 9-28-64, completed 10-4-64. Tested 10-6-64.

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

SIGNED

TITLE Staff Supervisor

DATE 10-12-64

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) NMOCC (2) JM PAN AM-HOBBS (3) ATL-ROS (2) CALIF HOUS &amp; MID (1-EA)

\*See Instructions on Reverse Side