

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL 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 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 0320966	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs,		7. UNIT AGREEMENT NAME NMFU	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 330' FEL, Sec. 11, T-21S, R-37E, Lea County, New Mexico, NMPM		8. FARM OR LEASE NAME Lockhart B-11	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3456 KB		10. FIELD AND POOL, OR WILDCAT Drinkard, Terry Blinbry	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-21S-37E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

Loaded hole W/water. Ran GR Sonic. Ran 876'
4" OD 9.11# J-55 F. J. Hydril liner and set @ 6774 W/40 sx Class
"C" cement W/.75% CFR2. Baash Ross Hanger set @ 5893. WOC.
24 hours. Tested casing W/1000# for 30 minutes. Tested OK. Work
done 1-17-65.

APPROVED

FEB 10 1965

J. L. GORDON
ACTING DISTRICT ENGINEER

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

SIGNED <u>SIGNED ROBERT GAULT III</u>	TITLE <u>Staff Supervisor</u>	DATE <u>2-9-65</u>
(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. & Midland - 1 each

*See Instructions on Reverse Side