Form 9-331
(May 1963)

UNITED STATES
DEPARTME—T OF THE INTERIOR
GEO—OGICAL 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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC 0320966

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL [X]   GAS WELL [ ]   OTHER

7. UNIT AGREEMENT NAME
NMFU

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
Lockhart B-11

3. ADDRESS OF OPERATOR
P.O. Box 460, Hobbs,

9. WELL NO.
10

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.⁴ See also space 17 below.)
At surface
1980' FNL & 330' FEL, Sec. 11, T-21S, R-37E, Lea County, New Mexico, NMPM

10. FIELD AND POOL, OR WILDCAT
Drinkard,Terry, Blinebr

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
11-21S-37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3456 KB

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:

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 [X]	REPAIRING WELL [ ]
FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
(Other)	

(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.

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

SIGNED _____   TITLE Staff Supervisor   DATE 2-9-65

(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