

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

LOGICAL SURVEY

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 NMPU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Lockhart B-11
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico	9. WELL NO. 11
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 330' FEL of Sec. 11, T-21S, R-37E, Lea County, New Mexico, NMPM	10. FIELD AND POOL OR WILDCAT NMPU Field Drkd & Terry Blinebry
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3446' RT
	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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

Drilled to 6,780' TD 4-8-65. Filled hole W/treated water. Ran G. R. Sonic logs. Ran 22 jts. (905') of 4" liner and set at 6780' using 75 sx cement W/2% gel. Used 21 centralizers. Cement circulated around liner. Plug down at 12:00 noon 4-9-65. Top of liner at 5875'. Tested liner W/1500# for 15 minutes. Tested O.K.

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

SIGNED SIGNED. ROBERT GAULT JR. TITLE Staff Supervisor DATE 4-12-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMCCC-2, JM, PAN AM HOBBS-3, ATL ROS-2, CALIF MID-2

*See Instructions on Reverse Side

APPROVED
APR 13 1965J. L. GORDON
ACTING DISTRICT ENGINEER