

Form 5-71
(May 1964)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Oil & Gas Division)
(See 100)

Form Approved
Federal Register No. 42, 41, 42, 43
5. FIELD DESIGNATION AND SERIAL NO.

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 ☐	7. UNIT ASSIGNMENT NAME
2. NAME OF OPERATOR Continental Oil Company	8. FIRM OR LEASE NAME HAWK B-3
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2970' FSL + 516' FFL of Sec. 3, T-215, R-37E in Lea County, N. Mex.	10. FIELD AND POOL, OR WILDCAT HARE SIMPSON
14. PERMIT NO.	11. SEC., T., R., M., OR PLM, AND SURVEY OR AREA SEC. 3, T-215, R-37E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3482' DF	12. COUNTY OR PARISH LEA
	13. STATE N. MEX.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>information only</u> ☒	

(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.)

The production reached a status where it was uneconomical to continue producing this well, therefore it was shut-in on 11-30-63. At the present time the well is still shut-in.

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

SIGNED M. E. [Signature] TITLE Adm. Section Chief DATE 2-11-70

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

USGS-5 FILE

*See Instructions on Reverse

