

	15		

(SUBMIT IN TRIPLICATE)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYLand Office Las Cruces
Lease No. LC 931741 b
Unit 2 Lease
PH 2 17

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL.....	SUBSEQUENT REPORT OF WATER SHUT-OFF.....
NOTICE OF INTENTION TO CHANGE PLANS.....	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING.....
NOTICE OF INTENTION TO TEST WATER SHUT-OFF.....	SUBSEQUENT REPORT OF ALTERING CASING.....
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL.....	SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR.....
NOTICE OF INTENTION TO SHOOT OR ACIDIZE.....	SUBSEQUENT REPORT OF ABANDONMENT.....
NOTICE OF INTENTION TO PULL OR ALTER CASING.....	SUPPLEMENTARY WELL HISTORY.....
NOTICE OF INTENTION TO ABANDON WELL.....	<u>Subsequent Report of</u> <u>Plugback & Recomplete</u> X

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

Hawk D-3

July 17, 1963

Well No. 2 is located 3150 ft. from N line and 1650 ft. from E line of sec. 3

Lot 15

24/4 NE/4 Sec. 321-S37-RNMPNNMPULasNew MexicoThe elevation of the derrick floor above sea level is 3480 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

BEFORE WORKOVER: TD 8114 LM, DF 10, Elev 3480 DF, Pay McKee & Connell 7795-8090. Csg pt 7 at 8113. Perf 7795-7845, 7855-7902, 7924-30, 8070-90. Well T&D prior to workover. WORK DONE: Set CIMP at 6500 w/10' cement on top. Perf Blinebry 5796-98, 5828-30, 5842-44, 5852-54, 5863-65, 5878-80, 5885-87, 5915-17, 5938-40, 5958-60, 5972-74, 5980-82, 6008-10, 6015-17, 6055-57, 6077-79. Trtd perfs w/2000 gals acid, 15,000 gal sandfrac using 10,000# sd, 400# "ADONITE MARK II" chemical compounds. Cleaned out sd to TD. AFTER WORKOVER: TD 8114 LM, FB 6490. DF, Elev & csg pt same as before W.O. Pay Blinebry 5796-6079, NEF 31, Perf 5796-98, 5828-30, 5842-44, 5852-54, 5863-65, 5878-80, 5885-87, 5915-17, 5938-40, 5958-60, 5972-74, 5980-82, 6008-10, 6015-17, 6055-57, 6077-79. FI 111 BG, no wtr, w/gas at rate of 79.2 MCFFD, in 15 hrs. Qty 40 deg, CP 490, TP 150, 8/64 ohk, GOR 445, DOR 175, Daily Allow 31 BO. W.O. started 7-8-63, comp 7-15-63, tstd 7-15-63.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company Continental Oil CompanyAddress Box 68, Eunice, N. M.USG: 4 NMOC-3 AMS File
Pan Am-Mbs-3 Atl-Ros-2
Calif-Mous, Mid-1 eachBy W. J. [Signature]Title District Superintendent

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Eunice, New Mexico

7-16-63

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Continental Oil Company

Hawk B-3

Well No. 2, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,

(Company or Operator)

(Lease)

0

Sec. 3

T. 21S

R. 37E

NMPM, Blinebry

Pool

Unit Letter

Started

Lea

County. Date Sparked 7-8-63

Date Drilling Completed 7-15-63

Please indicate location:

Elevation 3480 Total Depth 8114 FTD 6490

Top Oil/Gas Pay 5796 Name of Prod. Form. Blinebry

PRODUCING INTERVAL -

Perforations 5796-6079 (16 intervals)

Open Hole _____ Depth _____ Casing Shoe 8113 Depth _____ Tubing 5764

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 111 bbls. oil, No bbls water in 15 hrs, 8/64 in. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 2000 gals acid, 15,000 gals Sandfrac

Casing _____ Tubing _____ Date first new _____ Press. 450 Press. 150 oil run to tanks 7-13-63

Oil Transporter Shell Pipe Line Corporation

Gas Transporter Skelly Oil Company

Remarks: Flowed 111 BO, no water, W/gas at rate of 79.2 MCFPD, in 15 hours, Gravity 40 degs, CP 450, TP 150, 8/64" choke, GOR 445, DOR 178.

NMOCC-4 ABS File

EFFECTIVE JANUARY 31, 1977,

SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

Continental Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title _____

By: _____ (Signature)

Title District Superintendent
Send Communications regarding _____

Name Continental Oil Com

Address Box 68, Eunice,

NUMBER OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEX.CO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Continental Oil Company				Lease 1963 JUL 17 PM 1:55 Hawk B-3		Well No. 2	
Unit Letter 0	Section 3	Township 21S	Range 37E	County Lea			
Pool Blinebry				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter 0	Section 3	Township 21-S	Range 37E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Shell Pipe Line Corporation				Address (give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Skelly Oil Company			Date Connected 7-13-63	Address (give address to which approved copy of this form is to be sent) Box 1115, Eunice, New Mexico			

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

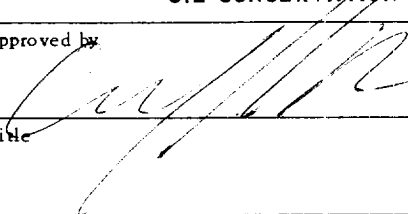
New Well ☐ Change in Ownership ☐
Change in Transporter (check one) Other (explain below)
Oil ☐ Dry Gas ☐ **Plugged back and recompleted**
Casing head gas . ☐ Condensate . . ☐

Remarks

NMOCC-5 ABS SW File

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **16th** day of **July**, 19**63**.

OIL CONSERVATION COMMISSION		By
Approved by		Title District Superintendent
Title		Company Continental Oil Company
Date		Address Box 68, Eunice, New Mexico