

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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 ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rockport B-11

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Blindhorn

11. SEC., T., R., M., OF BLK. AND  
SURVEY OR AREA

Sec. 11 T. 21S. R. 37E

14. PERMIT NO.

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

3416' DF

12. COUNTY OR PARISH

13. STATE

Hsa

NM

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) *Shut in* ☒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.)\*

Status of Well: *Shut in*Approximate date that temp. aban. commenced: *12-6-74*Reason for temp. aban.: *Uneconomic*Future plans for Well: *Downhole commingle with Drinkard.*Approximate date of future W. O. or plugging: *First Half 1975*

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

SIGNED

*Robert Paul Fied*

TITLE

Division Office Manager

DATE

1-2-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

USGS-5, NMFL-4, File

*Jim Smith*