

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032096 (a)
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 460 Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL and 660' FEL of Sec 17.		8. FARM OR LEASE NAME Lockhart A-17
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3483' df		10. FIELD AND POOL, OR WILDCAT Penrose Skelly, Hargburg
		11. SEC., T., R., M., OR BLK AND SURVEY OR AREA Sec 17, T-215, R-37E
		12. COUNTY OR PARISH Lea
		13. STATE N. Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Recompletion		<input checked="" type="checkbox"/>

(NOTE: Report results on multiple completion on Well Completion or Recombination 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.) *

Set CIBP at 4530' w/ 1 sock cement on top. Perf at 3707' w/ 4 shots and squeezed w/ 150 socks cement. Top of cement at 3582'. Perf w/ 1 1/2 spf at 3727' 33'. Brake down perfs w/ 43', 52', 59', 64', 70' and 3773'. Brake down perfs w/ 2000 gals 15% NE acid. Frac'd w/ 15,000 gals gelled water and 30,000 # 20/40 sand.

Completed - 6-25-72

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

SIGNED Robert Gault TITLE Administrative Supervisor DATE 7-31-72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

USGS (5) FILE **NMFAC(4)**

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

AUG 21 1972

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO