Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on 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 [X] GAS WELL [ ] OTHER

Nov 2 11 24 AM '65

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
Box 460, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 1980' FNL, & 660' FEL Sec. 17-21S-37E, Lea County, New Mexico

5. LEASE DESIGNATION AND SERIAL NO.
LC 032096 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Lockhart A-17

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
NMFU Field
Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
17-21S-37E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3483 DF

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 COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Plugback & Recomplete			[X]
(Other)				(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.) *

Before workover - TD 6645 Lm, PB 6281, DF 10' AGL. DF Elev 3483. Csg Pt 7" @ 6629. Pay-Blinebry, 5610-5900. Perfs 5610-5648, 5670-5720 5814-5900 W/4 JSPF. Latest test, 9-16-65, pmpd 2 BO, no wtr in 24 hrs W/7 MCFGPD, GOR 3500. Work done: Squ Perfs 5610-5900 W/200 sx class C cmt. Drld out CIBP @ 6412 & Squ Drinkard perfs 6623 & 6627 & open hole 6629-6645 W/75 sx class c cmt. Perf 6481, 6503, 6525, 6537, 6557, 6570, 6579, 6602, W/1 JSPF. Trtd perfs 6481-6602 W/2000 gal acid W/8 Ball Sealers & 30,000 gal crude, 30,000# sd and 1500# "ADOMITE MARK II" After workover no change in TD; PB 6610. No change in DF AGL, DF Elev or Csg Pt. Pay-Drinkard-6476-6608. Perfs 6481, 6503, 6525, 6537, 6557, 6570, 6579 6602 W/1 JSPF. Flwd 238 Bbls 39° gravity oil, 59 BW in 24 hrs W/179 MCFGPD, 28/64" chk. TP 30, GOR 752. Workover started 9-28-65, completed 10-9-65. Date tested 10-9-65.

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

SIGNED _____ TITLE Staff Supervisor DATE 10-27-65

(This space for Federal or State office use)

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

USGS-5, PAN AM HOBBS 2, ATL ROS-2, CALIF MID-2 FILE -2

APPROVED
NOV 1 1965
J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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867-851

Form 9-330
(Rev. 5-63)

UNIT D STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICAT (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: LC 032096 A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME: NMFU
8. FARM OR LEASE NAME: Lockhart A-17
9. WELL NO.: 3
10. FIELD AND POOL, OR WILDCAT: NMFU Field Drinkard
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 17-21S-37E

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other
NOV 2 11 24 AM '65

b. TYPE OF COMPLETION:
NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☒ DIFF. RESVR. ☒ Other

2. NAME OF OPERATOR: Continental Oil Company

3. ADDRESS OF OPERATOR: Box 460, Hobbs, New Mexico

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 1980' FNL & 660' FEL Sec. 17-21S-37E, Lea County, New Mexico
At top prod. interval reported below
At total depth: Same

14. PERMIT NO. | DATE ISSUED
12. COUNTY OR PARISH: Lea | 13. STATE: N.M.

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
			3483 DF	3473

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
6645	6610		→	X	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: Drinkard 6476-6608

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN:

27. WAS WELL CORED: No

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
	NO CHANGE	

31. PERFORATION RECORD (*Interval, size and number*)
Drinkard 6481, 6503, 6525, 6537, 6557, 6570, 6579, 6602/W 1/JSPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6481-6602	W/2000 gal acid W/8 Ball Sealers and 30,000 gal crude, 30,000# Sd and 1500# "ADOMITE MARK II"

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
10-7-65	Flowing	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
10-9-65	24	28/64	→	238	179	59	752

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
30	-	→	238	179	59	752

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*): Sold

TEST WITNESSED BY: B.K. Rampley

35. LIST OF ATTACHMENTS: None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED _____ TITLE Staff Supervisor DATE 10-27-65

*(See Instructions and Spaces for Additional Data on Reverse Side)

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

9sph0

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-683636