

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse 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 031741 (a)	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico		7. UNIT AGREEMENT NAME NMFU	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FWL of Section 9, T-21S, R-37E, Lea County, New Mexico, NMPM		8. FARM OR LEASE NAME Hawk A	
14. PERMIT NO.		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3509 DF		10. FIELD AND FOOT OR WILDCAT NMFU Field	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Blinebry & Drkd Pools	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

Drilled to TD of 6800' 5-2-65. Ran 200 jts (6,808') of 5 1/2" casing and set @ 6800'. Cemented W/350 sx Class "C" Cement W/12% gel and 11# salt/sx and 150 sx Class "C" Cement W/4% gel and 11# salt/sx. Used 19 centralizers and 59 scratchers. Plug down @ 8:30 p.m. 5-2-65. W.O.C. 24 hrs. Tested casing W/1000# for 30 minutes. Tested O.K.

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

SIGNED: ROBERT CAULT III  
SIGNED \_\_\_\_\_

TITLE Staff Supervisor

DATE 5-4-65

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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

APPROVED

MAY 4 1965

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER