

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 031741 a

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

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

See also space 17 below.)

At surface

660' FNL and 660' FWL of Section 9, T-21S,  
Range 37E, Lea County, New Mexico, NMPM.

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Hawk A.

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

NMFU Field

Blinebry and Drinkard  
Pools11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

9-21S-37E

14. PERMIT NO.

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

3509 DF

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:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON\*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT\*

☐

(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.)\*

Spudded location 7 P.M. 4-12-65. Drilled to 1325'  
4-14-65. Ran 42 jts. (1336') of 8 5/8" 24# casing and set @  
1325' with 350 sx class "C" cement W/8% gel, 2% CACL, and 1/4#  
Flocele/sx, and 150 sx Class "C" cement W/4% gel and 2% CACL.  
Used 3 centralizers. Plug down @ 11:00 p.m. 4-14-65. Cement  
circulated. W.O.C. 24 hours. Tested casing W/1000# for 30 mins.  
Tested O.K.

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

SIGNED

SIGNED [Signature]

TITLE

Staff Supervisor

DATE

4-15-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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

\*See Instructions on Reverse Side

APPROVED

APR 20 1965

J. L. GORDON  
ACTING DISTRICT ENGINEER