

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 032099 (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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	NMFU
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
Continental Oil Company	Lockhart A-30
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	9. WELL NO.
P. O. Box 460, Hobbs, New Mexico	11
1980' FSL & 1650' FWL of Sec. 30, T-21S, R-36E, Lea County, New Mexico, NMPM	10. FIELD AND POOL, OR WILDCAT
	NMFU Field
	11. SEC. 1, 2, 3, 4, OR BLM. AND SURVEY OR AREA
	Eumont Pool
14. PERMIT NO.	12. COUNTY OR PARISH
	Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE
3620 DF	N.M.

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)

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.)*

Spudded at 8:00 A.M. 8-13-65, ran 11 jts (358') of 7 5/8" csg. set @ 370' W/154 sx Class "C" cmt 4% gel 2% cal. Did not circ. Cmt'd outside of pipe W/75 sx Class "C" cmt, 4% gel 2% Cal. Circ using 3 cent - 1 guide shoe. WOC for 24 hrs. Tested for 30 min at 800#. Tested O.K.

APPROVED

AUG 20 1965

J. L. GORDON
ACTING DISTRICT ENGINEER

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

SIGNED SIGNED: HAL R. STEPHENS TITLE Staff Supervisor DATE 8-18-65

(This space for Federal or State office use)

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

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

*See Instructions on Reverse Side