

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP ATT.
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1421.
5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or fill back for a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Continental Oil Company	Hawk B-1
3. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Box 460, Hobbs, New Mexico 88240	19
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
1980' FSL + 1980' FEL of Sec. 8, T-21S, R-37E, in Lea County, N. Mex.	Drinkard Pool
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Sec. 8, T-21S, R-37E
15. ELEVATIONS (Show whether OF, RT, GR, etc.)	12. COUNTY OR PARISH
3590 OF (est.)	Lea
	13. STATE
	N. Mex.

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 ☐
FRACTURES TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(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.)

This well was spudded at 2:30 P.M. 11-25-68.
Drilled 11" hole to 1344' and set 8 5/8" 24# casing at 1322'. Cemented casing with 650 sacks of class C cement with 4% gel - 2% Col. Chl. Tested casing with 1,000# pressure for 30 minutes, tested OK.

U.S.D.-5 File Pan. Am Hobbs 2; Chev. mid 2, Atl. Res. 2

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

SIGNED Robert F. Gould III TITLE Administrative Section Chief DATE 12-10-68

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE _____

DEC 12 1968

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER