

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**LC 030133 (b)**  
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  
**Box 460, Hobbs, N.M. 88240**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
**1980' FNL E 1980' FNL OF SEC. 28**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3516' DF**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**SOUTH EUNICE UNIT**

9. WELL NO.  
**40**

10. FIELD AND ZONE, OR WILDCAT  
**SOUTH EUNICE 7 RIVERS  
QUEEN**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
**SEC. 28, T. 22S, R. 36E**

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

ALTERING CASING

FRACTURE TREATMENT

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.) \*

Treated perfs 3624'-3792' w/500 gals 15% acid. Frac  
w/1500 gals trtd. galled wtr, 10,000 gals trtd. galled fresh  
wtr, 20,000# sd. Before test: 11 BO 14 BW; After:  
26 BO 104 BW. Work started 7-7-75, completed 7-10-75.

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

SIGNED

*[Signature]*

TITLE

**SR. ANALYST**

DATE

**8-11-75**

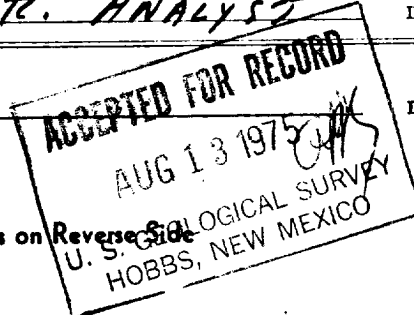
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



\*See Instructions on Reverse Side

USGS-5, PARTNERS-21, File