Form 9-331
(May 1963)

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 030135(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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: South Eunice Unit

3. ADDRESS OF OPERATOR: Box 460, Hobbs, N. M. 88240

9. WELL NO.: 40

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

10. FIELD AND POOL, OR WILDCAT: South Eunice 7-Rivers Queen

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3516' 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[X]	MULTIPLE COMPLETE	[ ]	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.)*

In order to increase production from this well, the following work is proposed: Set ret. pkr. @ ± 3570' & treat w/ 500 gals 15% HCL-NE Acid. Frac w/ 1500 gals trtd fresh wtr w/ 40#/1000 gals Guar. (Gel) plus 50#/1000 gals "ADOMITE AQUA" Pump 10,000 gals trtd fresh wtr. contain. 40#/1000 gals Guar (Gel) 25#/1000 gals "ADOMITE AQUA" & 20,000# sd.

Return to prod.

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

SIGNED [signature] TITLE Sr. Analyst DATE 6-11-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUN 19 1975

JIM SIMS
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5, Partners-21, File