

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 030133(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SOUTH LUNKE UNIT

9. WELL NO.

34

10. FIELD AND POOL, OR WILDCAT

SO LUNKE 1 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.

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

660' FNL & 660' FWL OF SEC. 28

14. PERMIT NO.

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

3535' DF

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 COMPLETION

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.)

Treated perfs 3610'-3784' w/600 gals 15% acid. Frac w/8000 gals frtd. fresh gelled wtr. pad, 25,000 gals TGW & 50,000# sand. Cleaned out & re-ran prod. eqpt. Set 2 3/8" tubing @ 3722' w/SN @ 3687'. Work started 12-12-75, completed 12-16-75. Test before: 6 Bbl. Test After: 6 Bbl in 24 hrs.

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

SIGNED

TITLE

SR. ANALYST

DATE

2-2-76

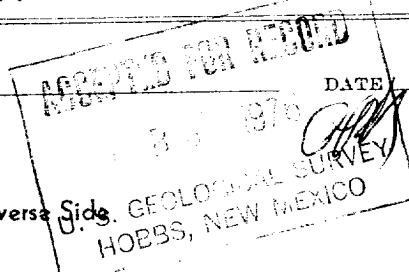
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

USGS-5, PARTNERS-16, File