

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 065194

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Bell Lake
2. NAME OF OPERATOR Continental Oil Company	8. FAIRM OR LEASE NAME Bell Lake Unit
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M.	9. WELL NO. 10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1650' FWL Sec. 19, T-23S, Range 34E, Lea County, New Mexico, NMPM.	10. FIELD AND POOL, OR WILDCAT Bell Lake Field Devonian Pool
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3540 GL
	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

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.) *

Subject well completed 3-6-63 at TD 14,930' for an IP of 160 BW
W/3,200 MCFGPD.

On 7-10-65 Sq Perfs 14,747-14,811 and reperf 14,747, 14,749,
14,756, 14,768, 14,772, 14,783 W/4 JSPF and acidized W/1000 gal 15% HCL.
Originally the subject well was treated W/15,000 gal of acid and it
is believed that the 1000 gal treatment on 7-10-65 was not sufficient
to adequately stimulate the formations.'

In order to increase gas production, we respectfully request
permission to acidize well with 5,000 gal 15% HCL.

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

SIGNED

Hal R. Stephens

TITLE Staff Supervisor

DATE 9-23-65

(This space for Federal or State office use)

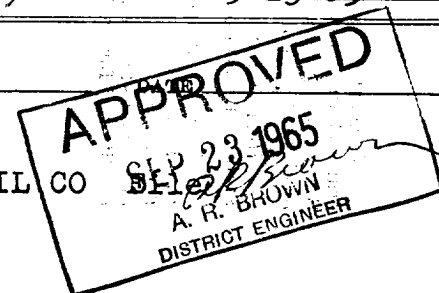
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS-5, NMOCC 2, LPT, SOC-MIDLAND, SCOPE, TEX PAC OIL CO

*See Instructions on Reverse Side



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LC 065194

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Bell Lake

8. FARM OR LEASE NAME

Bell Lake Unit

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Bell Lake Field
Devonian Pool

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 19-23S-34E

12. COUNTY OR PARISH 13. STATE

Lea 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, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1980' FNL & 1650' FWL of Section 19, T-23S,
R-34E, Lea County, New Mexico, NMPPM

14. PERMIT NO.

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

3536 GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Test Well

☒

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.)*

It is proposed to re-test the Devonian Zone in
the subject well using the following procedure:

(See attached Sheet)

Your permission to perform the above work is requested.

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

SIGNED SIGNED: ROBERT CAULT III

TITLE Staff Supervisor

DATE 6-4-65

(This space for Federal or State office use)

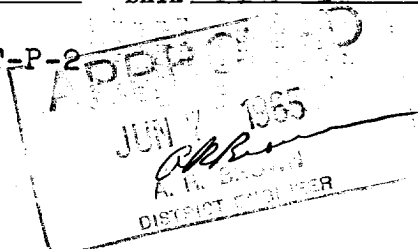
APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5, NMOCC-2, LPT SHELL-Ros-2, SCOPE -2, T-P-2

*See Instructions on Reverse Side



1. Disassemble standard derrick.
2. Run BHP survey.
3. Rig up DD Unit.
4. Load hole W/mud (8.3#) and pull tubing.
5. Drill out Model "D" packer @ 14,700'.
6. Squeeze existing perfs W/200 sx radioactive cement.
7. Drill out to casing shoe @ 14,930'.
8. Run G/R Neutron log from TD-14,000.
9. If log shows porosity in drilled out interval:
 - a. Run tubing W/retrievable packer & set above 14,700.
 - b. Swab tubing down 1750'.
 - c. Perf. zones of interest through tubing and test. Treat W/500 gallons acid if necessary.
 - d. If 100% water productive or dry pull tubing and squeeze.
10. Set Model "D" packer @ 14,700' and run tubing.
11. Swab tubing down 1,750'.
12. Perf. through tubing (perfs to be determined from log)
13. Treat W/500 gal 15% HCL W/.5% HC₂ acid.
14. Test.