Form (May	

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

UNITED STATES

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBMIT IN TRIPLICATE*
(Other instructions re-

SHOOTING OR ACIDIZING

Form approved. Budget Bureau No. 42-R1424.

ALTERING CASING

ABANDONMENT*

	,	5. LEASE DESIGNATION AND SERIAL NO. LC 065194				
Use "APPLIC.	ICES AND REPORTS (sals to drill or to deepen or plug is ation for particles for such pi	ON WELLS ack to addifferent reservoir. oposals.)	6. IF INDIAN, ALLOTT			
OIL GAS WELL OTHER 2. NAME OF OPERATOR	Mar 9 12 35	PM '65	7. UNIT AGREEMENT N Bell Lake			
Continental Oil Co	8. FARM OR LEASE NA Bell Take 9. WELL NO.					
P.O. 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,			1	Berry Take Fred Devonian Pool		
T-23S, R-34E,	Lea County, New	Mexico, NMPM.	11. SEC., T., R., M., OR SURVEY OR ARE	BLK. AND		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	19-23-34 12. COUNTY OR PARISI Lea	N.M.		
16. Check Ap	ppropriate Box To Indicate N	ature of Notice, Report,	or Other Data			
NOTICE OF INTEN	TION TO:	a	UBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	Y	W.B.		

(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.)*

Ran 94 jts. (3003') 5 1/2" N-80 23# liner W/float shoe and latch collar using Baash-Ross liner hanger. (32 centralizers) Set liner on bottom @ 14,930. Unable to circulate. Drld back to Circ out gas. Ran back to 14,930. Prep to cmt. 14,325. Cmtd 5 1/2" liner W/315 sx class E cmt W/2% gel, liner @ 11,918. 1# Tuff plug/sx and 8% CFR-2. Reversed out 35 sx. Tstd liner W/2000# PSI for 30 min. Tstd O.K.

18. I hereby certify that the foregoing is true and correct		
SIGNED SIGNED: ROBERT GAULT HI	TITLE Staff Supervisor	DATE 3-2-65
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
NMOCC-2, USGS-5, JM SOC SC *Se	PC TPOC e Instructions on Reverse Side MAR 5	

SUNDRY NOTICES AND REPORTS ON WELLS The next one thind first Company Notices and the course of phis back to a different reservoir.	(May 1963)	UNITED ST DEPARTMENT OF T	ATES HE INTERIO	SUBMIT IN TRIPLICA (Other instructions on	re- Budget	Bureau No. 42–R1424.
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2 NAMES OF OPERATOR CONTINUED AS A RESIDENCE OF THE COMPANY 3. ARRIVATOR OF PAIR OF THE COMPANY P. O. BOX 460, Hobbs, New Mexico 1980' FNL & 1650' FWL of Sec. 19, TP-233, R-34E, Lea County, New Mexico, NMFM. 19-23-34 14. FERNIT SO. 15. TALEVATION (Show whether or, st. Oc. cir.) 19-23-34 14. FERNIT SO. 15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF STREETING FOR SOME STREETING FOR SOME STREETING FOR SOME STREETING OF STREETING FOR SOME STREETING FOR SOME STREETING FOR STREETING FOR SOME STREETING FOR SOME STREETING FOR SOME STREETING FOR STREETING FOR SOME STREETING FOR SOME STREETING FOR SOME STREETING FOR STREET	oil GAR-E	7 10			7. UNIT AGREEME	NT NAME
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4 DATE OF STATE HEADY STATE CHEMPON AND WILL LEGATE FOR THE FORM AND STATE AND AND FORM AND	3. ADDRESS OF OPERATOR				9. WELL NO.	ke Unit
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T-23S, R-34E, Lea County, New Mexico, NMPM. 10. PERMIT NO. 11. PERMIT NO. 12. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 13. ELECA N.M. 14. PERMIT NO. 15. PERMIT NO. 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 17. ENTRY WATER SHUT-OFF PRACTURE TREAT WATER SHUT-OFF PRACTURE TREAT WATER SHUT-OFF PRACTURE TREAT WATER SHUT-OFF PRACTURE TREAT WATER SHUT-OFF PRACTURE TREATMENT ARMONIA SHUT-OFF PRACTURE TREATMENT APPROVED NOTE: ARMONIA SHUT-OFF PRACTURE TREATMENT APPROVED SCHOOL SHUT-OFF SCHOOL SH	See also space 17 belov	w.)		-	Be III Lake	or wildcat Field
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTERVION TO: **TREET WATER SHUT-OFF** **PRACTURE TREAT** **REPAIR WELL** **INCIDENTAL ARABOON** **REPAIR WELL** **INCIDENTAL ARABOON** **INCIDENTAL ARA	14. PERMIT NO.	15. ELEVATIONS	_		,	<u>_</u>
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PRACTURE TREAT SHOOT OR ACTOLITE SEPAR WILL (Other) 17. DENGREE PROPERTO DE COMPLETE OPERATORS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any nent to this work.)* Set 7 5/8" liner @ 12,190. Ran cmt retainer and set @ 12,080. Perff 7 5/8" liner @ 14,322 W/2 JSPF. Cmt W/400 sx Class "C" cmt. W/2% gel and 8% CFR2. Rev out 40 sx. WOC 24 hours. Drld out cmt retainer @ 12,080. Set RTTS tool @ 11,934. Squ liner W/200 sx Class "E" cmt W/.8% CFR2 Tstd 7 5/8" liner W/1475# for 30 minutes. Tstd O.K. 18. I hereby certify that the foregoing is true and correct signed SIGNED ROBERT CAULT II) TITLE Staff Supervisor DATE 2-22-65 (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: NMOCC-2 SLO USGS5 JM SOC SCPC TPOC FER 25 10CF	No	OTICE OF INTENTION TO:		នបា	BSEQUENT REPORT OF:	-
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COUNTY: Report results of multiple completion on Weil (Other) (O			TE			
(Other) (Ot					ABANDO	ONMENT*
Set 7 5/8" liner @ 12,190. Ran cmt retainer and set @ 12,080. Perf 7 5/8" liner @ 14,322 W/2 JSPF. Cmt W/400 sx Class "C" cmt. W/2% gel and 8% CFR2. Rev out 40 sx. WOC 24 hours. Drld out cmt retainer @ 12,080. Set RTTS tool @ 11,934. Squ liner W/200 sx Class "E" cmt W/.8% CFR2 Tstd 7 5/8" liner W/1475# for 30 minutes. Tstd O.K. 18. I hereby certify that the foregoing is true and correct signed SiGNED ROBERT GAULT JJ TITLE Staff Supervisor DATE 2-22-65 (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: NMOCC-2 SLO USGS5 JM SOC SCPC TPOC FFR 25 10CF	(Other)			(Note: Report re	sults of multiple comple completion Report and L	tion on Well
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	NMOCC-2 SLO				FFR 925 1005	

Form 9-331 (May 1963)	DEPAR	UNITED STATEMEN OF THE	E INTERI	SUBMIT IN T. (Other instruction verse side)	REPLATIONS PE-		oproved. Bureau No. 42-R1424 ITION AND SERIAL NO.
SUN (Do not use this	DRY NC	OTICES AND RE	PORTS (ON WELLS ack to a different reservoyesis.)	ervoir.		OTTER OR TRIBE NAME
1. OIL GAS						7. UNIT AGREEME	NT NAME
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Continenta	011 0	Ompany				8. FARM OR LEASI	
8. ADDRESS OF OPERATOR						Bell I	<u>ake Unit</u>
Box 460, Ho	bbs. N	ew Mexico					
4. LOCATION OF WELL (R	eport location	clearly and in accords	nce with any	State requirements.		10. FIELD AND PO	OL. OR WILDCAT
At surface)W.)		1.4				
R-34E	Lea .	1650' FWL o County, New	Mexico	19, T-23S, , NMPM		Devonian II. sec., I., E., M., survey or	OR BLE. AND
W						Sec. 19-2	
14. PERMIT NO.		15. BLEVATIONS (Sh 3536 GR	ow whether DF,	RT, GR, etc.)		12. COUNTY OR PA	
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SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR A	CIDIZING	ABANDO	NMENT*
REPAIR WELL (Other)	لـــــا	CHANGE PLANS		(Other) (Norm: R	eport results	of multiple comple etion Report and Lo	tion on Well
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)	COMPLETED O	PERATIONS (Clearly stationally drilled; give su	e all pertinent	Completic details, and give per ions and measured an	on or Recompletinent dates, d true vertica	etion Report and Lo including estimated I depths for all ma	i date of starting and irkers and sones perti
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18. I hereby certify that							
BIGNEDSIGN	ED, ROSS	I PAULT IN	TITLE	Staff Supe	rvisor	DATE 12	<u>-22-64</u>