

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

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.)

5. LEASE DESIGNATION AND SERIAL NO.

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 Pool11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

19-23-34

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

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,
T-23S, R-34E, Lea County, New Mexico, NMPM.

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 ☐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.)*

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 14,325. Circ out gas. Ran back to 14,930. Prep to cmt. Top of liner @ 11,918. Cmtd 5 1/2" liner W/315 sx class E cmt W/2% gel, 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 IIITITLE Staff SupervisorDATE 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 SCPC TPOC

*See Instructions on Reverse Side MAR 5 1965

APPROVED
J. L. GORDON
ACTING DISTRICT ENGINEER

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/> MAR 2 10 58 AM '65		5. LEASE DESIGNATION AND SERIAL NO. LC 065194	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico		7. UNIT AGREEMENT NAME Bell Lake	
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 Sec. 19, T-23S, R-34E, Lea County, New Mexico, NMPM.		8. FARM OR LEASE NAME Bell Lake Unit	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3536 GR		10. FIELD AND POOL, OR WILDCAT Bell Lake Field Devonian Pool	
		11. SEC., T., R., E., OR BLK. AND SURVEY OR AREA 19-23-34	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

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 III TITLE Staff Supervisor DATE 2-22-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

FEB 25 1965

NMOCC-2 SLO USGS-5 JM SOC SCPC TPOC

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLE
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

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2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico		7. UNIT AGREEMENT NAME Bell Lake
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		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-23S-34E
		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

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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)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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Drill to 12,172 on 12-18-64. Ran 302 jts. (12,151) 9 5/8" csg, set @ 12,172' using 5 centralizers, stage collar set @ 9697. 1st stage cmtd W/789 sx class E W/4% gel, 1# Tuff plug, 11# salt, 1 sx 7/10 % CFR2. Plug down @ 8 PM 12-18-64. Circulated out. Traced cmt. 2nd stage cmtd W/1875 sx class E W/8% gel, 1# tuff plug and 1 sx 7/10% CFR2. Plug down 1:45 AM 12-19-64. WOC for 24 hours. Top of cement @ 4200. Tested W/2500# for 30 minutes. Tested O.K.

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

SIGNED

SIGNED: ROBERT CAINT UP

TITLE

Staff Supervisor

DATE

12-22-64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCC-2 USGS-5 JM

*See Instructions on Reverse Side

