| Form 9-331 (May 1963) | UNITED STATES SUBMIT IN TRIPLIC Other Instructions DEPARTMEN OF THE INTERIOR Verse side) | CATE• on re- 5. LEASE DESIGNATION AND SERIAL NO. |
|---------------------------------------|---|---|
| GEC_GICAL SURVEY | | LC 030139 (b) |
| | SUNDRY NOTICES AND REPORTS ON WELLS se this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR FEBMIT-" for such proposals. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 1. 016 17 6. | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERA | ATOR | 8. FARM OR LEASE NAME |
| 3. ADDRESS OF OPE | inental Oil Company | <u>Lynn B-1</u> 9. WELL NO. |
| P.O. | Box 460, Hobbs, New Mexico | 7 10. FIELD AND POOL, OR WILDCAT |
| See also space 1 At surface 9 R | 7-36E, Lea County, New Mexico, NMPM | Jalmat Pool 11. BEC., T. B., M., OR BLK. AND SURVEY OR ABEA |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | Sec. 27, T-23S, R-36E 12. COUNTY OF PARISH 13. STATE |
| | 3,385 DF | Lea N.M. |
| 16. | Check Appropriate Box To Indicate Nature of Notice, Repor | t, or Other Data |
| | NOTICE OF INTENTION TO : | SUBSEQUENT REPORT OF: |
| TEST WATER S | SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TRE. SHOOT OR ACIE | | |
| REPAIR WELL | CHANGE PLANS (Other) | results of multiple completion on Well |
| (Other) | USED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent details, and give pertinent details. | Recompletion Report and Log form.) |
| proposed wo nent to this w | ork. If well is directionally drilled, give subsurface locations and measured and tru- work.) • | |
| | s proposed to acidize Lynn B-1 Well No. 7 edure: | using the following |
| | Kill well with oil containing l material. | |
| | 2. Run 2 7/8" tubing with bit and bore to 3,480'. | clean out well |
| | 3. Acidize down tubing (without pa gal MCA. | acker) with 900 |
| | 4. Swab back acid and oil and leav | ve tubing in the |
| | hole. | |
| | 5. Place well on production | |
| Your | approval of the above work is requested. | |
| | | |
| | | |
| | | |
| 18. I hereby certin | ify that the foregoing is true and correct | |
| SIGNED | SIGNED ROBERT GAULT III TITLE Staff Supervise | DATE 2-22-65 |
| (This space fo | or Federal or State office use) | |
| APPROVED I | BY TITLE | DATE |
| | s of approval, if any: -5, NMOCC-2 JM | APPROVED |
| | Am Hobbs -3, Atl-Ros 2, California Mid-2 *See Instructions on Reverse Side | FFR 24 1965 |
| | | A. R. Downi |
| | | DISTRICT ETGINEER |