Form 9-331 (May 1962)

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

UNITED STATES SUBMIT IN TRIPLICATE.

Form approved, Budget Bureau No. 42-R1424.

REPAIRING WELL

ALTERING CASING

ABANDON MENT*

D		F THE INTERI	OR verse side)	ns (e-	5. LEASE DESIGNATION LC - 030	
(Do not use this form	Y NOTICES AN for proposals to drill e "APPLICATION FOR	or to deepen or plug b	ack to a different reserv	oir.	6. IF INDIAN, ALLOTTE	E OR TRIBE NAME
OIL GAS WELL WELL	OTHER				7. UNIT AGREEMENT NA	ME
2. NAME OF OPERATOR / Continental Oil	Company				8. FARM OR LEASE NAS Vallable— 9. WELL NOT	· // /
P. O. Box 460,	Hobbs, NM 88	240			9. WELL NOT	
4. LOCATION OF WELL (Report See also space 17 below.) At surface					10. FIELD AND FOOL, O Limat 11. SEC., T., R., M., OR I SURVEY OR AREA	Gas BLK. AND
1980 FNL					Sec 12, T-	245,12-30
14. PERMIT NO.	15, ELEVA	TIONS (Show whether DF 335	8 df		12. COUNTY/OR PARISE	NM NM
16.	Check Appropriate	Box To Indicate N	lature of Notice, Rep	port, or O	ther Data	
NOTIC	CE OF INTENTION TO:		1	SUBSEQUE	ENT REPORT OF:	

(Note: Report results of multiple completion of Well Completion or Recompletion Report and Log form.) (Other) 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.)*

WATER SHUT-OFF

FRACTURE TREATMENT

(etting

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Set tubing plug in 23/" tubing at 34/5' to
iSolate 7- Rivers zone. Opened sliding Sleeve
iSolate 7- Rivers zone w/ 200 gals 15%
at 3373'. Acidized Sleeve w/ 200 gals 15% HCL oud and placed on production, Completed - 10-10-72

18. I hereby certify that the lorenoing is true and cor	TITLE Admin. Supervisor	DATE 8-30-73
(This space for Federal or State office use)	TITLE OCCUPED FOR RES	CORD
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	ACCEPTED TO 197	3 ALL TE
	*See Instructions on Reverse Side OLOGICAL	MEXICO

USGS-5 FILE NMFU-4