

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE
(Other: Indicate
verse side)Form approved.
Budget Bureau No. 42-11424

5. LEASE DESIGNATION AND SERIAL NO.

LC-030168 (5)

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Eaves, A
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 1980' FSL + 1980' FWL of Section 69, T26S R-37E, Lea County, New Mexico	10. FIELD AND POOL, OR WILDCAT Scarborough 4-10-7 Pool
14. PERMIT NO.	11. SEC., T., R., M., OR BEE, AND SURVEY OR AREA Sec. 19, T26S, R37E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 2956 DF	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☒	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

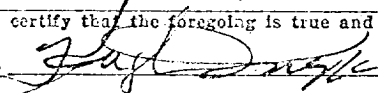
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

Perforate additional pay at approx. 3112', 3117', 3126', 3134', 3137', 3142', 3152', 3161', 3165', 3177', 3180', with 1-JSPF. Flow with approx. 2,000 gals. LSTNE acid. Replace the producing equipment and restore to production.

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

SIGNED



TITLE

Adm. Supervisor

DATE

8-6-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS-5 FILE

*See Instructions on Reverse Side

APPROVED

AUG 10 1970

ARTHUR R. BROWN
DISTRICT ENGINEER
AUG 10 1970ARTHUR R. BROWN
DISTRICT ENGINEER

RECEIVED

AUG 11 1970

OIL CONSERVATION COM. 11
HOUSTON, TEXAS