Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 [X] 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 requirements.* See also space 17 below.)
At surface
1980' FSL & 1980' FWL of Section 19, T-26S, R-37E, Lea County, New Mexico

10. FIELD AND POOL, OR WILDCAT
Sarbarough Yates 7 Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T26S, R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2956 DF

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT	X	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)			
(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 hy at approx. 3112', 3117', 3126', 3134', 3137', 3142', 3152', 3161', 3165', 3177', 3180', with 1 JSPF. Treat with approx. 2,000 gals. LSTNE acid. Replace the producing equipment and return to production.

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

SIGNED [signature] TITLE Adm. ~~Supervisor~~ DATE 8-6-70

(This space for Federal or State office use)

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

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

USGS-5 FILE

*See Instructions on Reverse Side