

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN T  
(Other instruc  
verse side)E\*  
re-Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

LC 030168 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Eaves A

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

NMFU Field

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

S-30, T-26S, R-26E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Continental Oil Company	Eaves A
3. ADDRESS OF OPERATOR	9. WELL NO.
P.O. Box 460, Hobbs, New Mexico	11
4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' From North and East Lines, Section 30, T-26S, R-37E, Lea County, New Mexico	10. FIELD AND POOL, OR WILDCAT
	NMFU Field
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	S-30, T-26S, R-26E
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE
	Lea N.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
2960 DF	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)\*

The subject well was completed 10-16-36 for an IP of 720 BOPD, no water W/500 MCFGPD through 3/4" choke. In open hole section 3085-3232.

On latest test dated 7-6-65, well pumped 12 BOPD, 64 BWPD, 68 MCF Gas. GOR 5667.

In order to increase production it is proposed to clean out to TD (3232). Test open hole section 3130-3232. If non-productive dump cement in open hole section, perforate interval 3063 W/4 JSPF. Acidize interval 3003 W/500 gal 15% LSTNE. Frac intervals 3063 to 3130 W/30,000# sand and 600# Adomite Aqua, 30 gal Adomall 1200#.

Subsequent report will be submitted upon completion.

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

SIGNED

TITLE

Staff Supervisor

DATE 10-6-65

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMOCC-2, Pan Am 3, Atl Ros-2, Calif Mid-2

\*See Instructions on Reverse Side

