

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 030168 (b)	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico		7. UNIT AGREEMENT NAME NMFU	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL and 1980' FWL Section 30, T-26, R-37 E, N.M.P.M.		8. FARM OR LEASE NAME Eaves B-1	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2939 KB		10. FIELD AND POOL, OR WILDCAT NMFU	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Scarborough Yates Seven Rivers	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input 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) Perf Addt'l Pay <input checked="" 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.)*

Rigged up. Set CIBP @ 3225. Perf Intervals 3146, 3163, 3171 3185, 3194, & 3213 W/1 JSPP. Acidized W/5,000 gal 15% LSTNE Acid using 8 Ball Sealers. Swabbed in. Well Flowed 138 BW, no oil in 7 hours.

Se pkr @ 3046. Sq. Perf 3146-3213 W/180 sx Class A cmt. Top of cement @ 3105. Drilled cement 3213 OH to CIBP @ 3225. Ran GR RA Logs. Perf @ 3202-3213. Acidized W/1000 gal 15% LSTNE. Swabbed dry. Perf 3146, 3163, 3175, 3185, 3194 W/2JSPP. Acidized W/2500 gal 15% LSTNE. Swabbed in. Swabbed 100% water. Set test unit W/casing pump. Pumped clear water at avg. rate of 250 BOPD. Shut in pending further study. Workover started 2-4-66. Completed 2-17-66.

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

SIGNED Paul R. Stephens

TITLE Staff Supervisor

DATE 5-10-66

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, PAN AM HOBBS-3, ATL ROS-2 CALIF MID-2, LPT

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER

APPROVED
MAY 12 1966