

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN _____ DATE _____
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 030168 (b)

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. Oct 20 1964
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface660' FSL & 1650' FEL of Sec. 30-26S-37E,
Lea County, New Mexico, NMPM.

14. PERMIT NO.

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

2945' DF

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Eaves B-1

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Jalmat

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

30-26S-37E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 Eaves B-1 Well No. 4 was fractured by treating perforations 3163-66, 3168-70, 3178-80, & 3182-84 with 45,000 gals gelled water, 73,000 lbs sand, and 1300 lbs "ADOMITE" Aqua Additives.

After workover the well pumped 12 barrels of 30 degree gravity oil, 18 barrels of water, in 24 hours w/10 MCFGPD with GOR of 833.

Workover started 6-15-64. Completed 6-16-64. Tested 6-28-64.

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

SIGNED

TITLE Staff SupervisorDATE 10-13-64

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS (5) NMOCC (2) JM PAN AM-HOBBS (3) ATL-ROS(2) CALIF HOUS & MID (1 EA)