

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions 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 TO DRILL" for such proposals.)

OCT 19 11 50 AM '65

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Eaves B-1
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico	9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FEL, Sec. 31-26S-37E, Lea County New Mexico	10. FIELD AND GEOLOGIC WILDCAT Yates Field Yates Pool
14. PERMIT NO.	11. SEC., TWP., R., S., OR BLM. AND SURVEY OR AREA Sec 31-26S-37E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 2932 DF	12. COUNTY OR PARISH 13. STATE Lea 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) <input type="checkbox"/>	
(Other) Sq. & Perf Add'tl Pay <input checked="" 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 on 2-18-64 at TD 3447' PB 3432, for an IP of 14 BO, 99 BW W/ Gas TSTM through intervals 3226-3238' (Seven Rivers).

Well is presently shut in.

In order to establish commercial production it is proposed to squeeze the present intervals and selectively perforate at higher intervals in the Yates formation 3079-3185 and treat.

Subsequent report will be submitted upon completion of this work.

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

SIGNED Walter R. Stephens TITLE Staff Supervisor DATE 10-13-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 NMOCC-2 PAN AM-3 ATL ROS-2, CALIF MID-2, FILE -2

OCT 14 1965

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER