

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.
3. LEASE DESIGNATION AND SERIAL NO.

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.)LC 030168 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> MAR 9 12 35 PM '65	7. UNIT AGREEMENT NAME NWPU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Baves B-1
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico	9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' ESL & 1980' FWL of Section 31, T-26S, R-37E, Lea County, New Mexico, NMPM.	10. SURFACE AND POOL OR WILDCAT NWPU Field Jalmat Multizone Pool
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2934 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) *

It is proposed to perforate additional pay and acidize the subject well in order to increase its productivity.

The proposed procedure follows:

1. Pull rods and tubing.
2. Run retrievable bridge plug on wire line and set @ 3160'.
3. Perforate Yates at 3136, 3138, & 3139 W/1 JSPF.
4. Acidize perfs W/2000 gals
5. Swab back acid water and pull retrievable bridge plug.
6. Run tubing rods, and pump and place well on production.

Your approval of the above work is requested.

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

SIGNED **SIGNED: ROBERT GAULT III** TITLE **Staff Supervisor** DATE **3-5-65**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

USGS-5, NMOCC-2, JM PAN AM HOBBS-3, ATL-ROS-2, CALIF MAR 2.

*See Instructions on Reverse Side

