

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(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—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P.O. 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 surface 330' FSL & 1980' FWL of Sec. 31, T-26S,
R-37E, Lea County, New Mexico, NMPM

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Eaves B-1

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

NMFU Field
Jalmat Multizone Pool11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

S-31, T-26S, R-37E

14. PERMIT NO.

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

2930' DF (Est)

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

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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 perti-
nent to this work.)*

Water shut-off Eaves B-1 #9 is as follows: TD 3250. Ran 100 jts.
3260' 5 1/2" csg set @ 3250'. Cemented csg W/150 sx class C cement
W/4% gel and salt saturated, W/12 centralizers. Plug down @ 2:30
A.M. 12-19-64. WOC for 24 hours. Top of cement @ 2600' by temp
survey. Tested cement with 1000#. Tested O.K.

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

SIGNED SIGNED: ROBERT GAULT III

TITLE Staff Supervisor

DATE 12-23-64

(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 At1 Ros-2, CALIF Hous-1 each

*See Instructions on Reverse Side

