

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY TO 10 5 1
SUBMIT IN TRIPLICATE
(Other instructions
verse 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

Box 460, Hobbs, New Mexico

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 Section 31, T-26S,
R-37E, Lea County, New Mexico, NMMP.

7. UNIT AGREEMENT NAME

NMPU

8. FARM OR LEASE NAME

Eaves B-1

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

NMPU Field

Jarvis Multizone Pool

11. 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. CO. TY 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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☐
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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

☒

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(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.)*

Spudded location 3:30 P.M. 12-13-64. Drilled to 390' 12-13-64. Ran 12
jts. (378') of 8 5/8" casing and set at 390'. Cemented W/220 sx Class
"A" cement W/4% gel and 2% calcium chloride using 3 centralizers.
Cement circulated. Plug down at 1:00 A.M. 12-14-64. W.O.C. 24 hrs.
Tested casing with 1000# for 30 min. Tested O.K.

APPROVED

DEC 17 1964

J. L. GORDON
ACTING DISTRICT ENGINEER

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

SIGNED SIGNATURE OF STAFF SUPERVISOR

TITLE Staff Supervisor

DATE 12-15-64

(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 ATL-ROS 2 Calif. Hous & Mid 1 ea.

*See Instructions on Reverse Side