

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instructions
reverse side)

COPY TO O. C. C.

Form approved.
Budget Bureau No. 42-11421.
5. 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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME EAVES B-1
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL + 1980' FWL of Sec. 31, T-26S, R-37E, Lea County, N. Mex.	10. FIELD AND POOL, OR WILDCAT Scarborough Yates-7 Rivers
11. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 31, T-26S, R-37E
12. ELEVATIONS (Show whether DF, ET, CR, etc.) 2935' DF	12. COUNTY OR PARISH Lea
	13. STATE N. MEX.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	FULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☒	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(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.)

It is proposed to open additional pay by the following procedures.

Clean out to 3277' if needed. Perforate approx. at 3170, 3183, 3192, 3196, 3202, 3219, 43224 with one 3/8" ISPF. Treat puffs with 1500 gals 15% LSTNE, 2000 gals brine water, another 4,000 gals 15% LSTNE followed with 2000 gals brine water. Place well back on production.

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

SIGNED M. E. Younkley

TITLE Adm. Section Chief

DATE 10-20-69

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS-5 FILE

Par-Im Hobbs 2
at. Rich P...
Cher mid 2

*See Instructions on Reverse Side

