

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

LC 030168 b

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 <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. 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 Section 31, T-26S, R-37E, Lea County, N.M., NMPM.		10. FIELD AND POOL, OR WILDCAT NMFU Field Jalmat Multizone Pool
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-31, T-26S, R-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2935 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

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 pertinent to this work.) *

Ran 103 Jts (3291') of 4 1/2" casing set @ 3280' W/20 sx
Class "C" 12% Gel and 60 sx Class C 4% gel, salt saturated using
6 centralizers and 26 scratchers. Plug down @ 5:45 P.M. Cement
top @ 2600. WOC. 24 Hrs. Tested W/1,000#. Tested O.K.

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

SIGNED

Hal R. Stephens

TITLE

Staff Supervisor

DATE

10-20-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, PAN AM HOBBS 3, ATL ROS-2, CALIF HOUS & MID 1 ea. File

*See Instructions on Reverse Side

APPROVED
OCT 22 1965
J. L. GORDON
ACTING DISTRICT ENGINEER