

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030168a

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

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

660' FSL and 2540' FEL of Sec 19

14. PERMIT NO.

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

2945' gr

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Eaves A

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Scarborough Gate  
7 River

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 19, T-26S, R-37E

12. COUNTY OR PARISH 13. STATE

Lea N. Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☒  
☐

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 perti-  
nent to this work.) \*

It is proposed to perforate and stimulate this  
well by the following procedures.  
Perf w/ 1 jspt at 3191', 3189', 3156', 3151', 3147', 3143',  
and 3132'. Set bridge plug at 3204' and packer  
at 3170'. Treat perfs 3191' and 3189' w/ 500 gals  
28% HCL-NE inhibited acid.

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

SIGNED

*Stacy D. [Signature]*

TITLE

Admin Supervisor

DATE

2-22-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

APPROVED  
FEB 24 1972  
DISTRICT ENGINEER

USGS(5) NMFC(4) File