

UNIT 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 032581 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Sholes B-13

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT

NMFU Field
Jalmat Multizone Pool

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

Sec. 13, T-25S, R-36E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)

At surface

660' FNL & 660' FWL of Sec. 13, T-25S, R-36E,
Lea County, New Mexico

14. PERMIT NO.

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

3138 DF

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 ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Plugback & recomplete ☒

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.)*

The subject well is presently pumping at a rate of 7 BOPD and 525 BWPD with gas T.S.T.M. from the Seven Rivers formation.

In order to restore this well to economical producing status, it is proposed to plug back in the casing, perforate intervals 3234-3263 treat & test. Should these intervals be non-productive, the intervals 3186-3222 and 3122-3163 will be tested in the same manner.

A subsequent report will be submitted upon completion of this work.

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

SIGNED

TITLE Staff Supervisor

DATE

3-31-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
APR 3 1967
DISTRICT ENGINEER