

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-03242-A
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 Petroleum Corp.

3. ADDRESS OF OPERATOR

6668 Hobbs, N.M. 88240

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

660' FSL X 1980' FWL, Sec. 15, (UNIT N, SE/4 SW/4)

14. PERMIT NO.

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

3276' DF

7. UNIT AGREEMENT NAME

Continental

8. FARM OR LEASE NAME

9. WELL NO. *2*

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH 13. STATE

15-24-37 N.M.
LER 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.)*

In accordance with Form G-331 dated 2-1-65 remedial work was performed as follows:

Performed additional Ellenburger intervals 10,166'-173' w/2.5SF and acidized with 700 gal. Evaluated and restored to production.

Prior to workover, pumped 29 30 x 38 BW-24 in. No Increase in production. Unsuccessful.

0- 2-1-65. Comp 2-9-65

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

SIGNED Original Signed By

V. E. STALEY

TITLE Area Asst

DATE 2-10-65

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

D-1(6+13)

*CC-4-UGS
1-JWS
1-Susp
1-JS*

1-Tenneco

1-CONOCO

2-Std of Tex

1-Atlantic

1-Southwest

*See Instructions on Reverse Side

APPROVED

FEB 15 1965

J. L. GORDON
ACTING DISTRICT ENGINEER