

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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. ADDRESS OF OPERATOR
Box 460 Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FSL & 1830' FEL OF SEC. 10

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3253' DF

5. LEASE DESIGNATION AND SERIAL NO.
LC-032339(B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Matrix

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Fowler Upper yeso

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T.24S, R.37E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) <i>Repair Communication</i>	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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 Repair The Communication AS Follows:
Set RBP AT 2700' w/15' OF Sand ON TOP, and set PKR AT 2200'. Perf 2 JS PF 2600'-2602'. CMT w/1200 SX THIXOTROPIC CMT, CMT to 2450'. WOC 24-36 Hours. CMT Down Tbg w/150 SX class "C" CMT and SION. Drill out cmt and Pressure Test to 800 PSI. Pull RBP and Re-Run Production Equipment.*

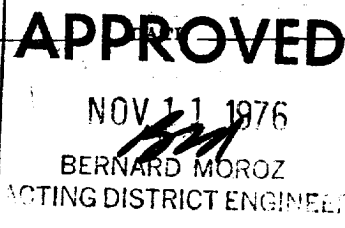
18. I hereby certify that the foregoing is true and correct.

SIGNED *Wm. A. Butterfield* TITLE *ADMIN. SUPERV.* DATE *11-10-76*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side

USGS-5, NMFW 4, File

03V09046

RECEIVED

3-7-75

OIL C. 1000. H. M.