

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STUDY IN DRILLING PERMITS
(Other instructions on reverse side)

Form approved
U.S. Dept. of the Interior
Bureau of Land Management
U.S. Geological Survey
110-931625-77
DEC 22 11 41 AM '69

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
P. O. 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
1980' FNL & 1980' FWL, SEC 30, T-205, R-36E,
LEA COUNTY, N. MEX.

7. UNIT AGREEMENT NAME
N.M.E.U.

8. FARM OR LEASE NAME
SEMUI PERMITS

9. WELL NO.
110

10. FIELD AND FOOT, OR WINDSET
SHAGGS GORNBURG

11. SEC., T., R., M., OR FIRM AND SURVEY OR AREA
SEC. 30, T-205, R-36E

12. COUNTY OR PARISH
LEA

13. STATE
N. MEX.

14. PERMIT NO.

15. ELEVATIONS (Show whether LB, RT, CR, etc.)
3531' DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TUST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recaptivation 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.)*

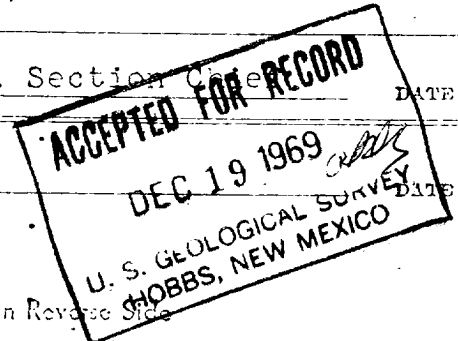
This well was stimulated by the following procedure.
Pumped in 2 drums limited TH 762A mixed with 30 bbl produced water. Treated open hole section from 3680' to 3730 with 10,000 gal water. 15,000 # sand frac. Pan tubing to 3680' and placed well head on pump.
Before work tested 1980, 12 BW in 24 hrs. on 12-1-69
after work tested 2080, 62 BW in 24 hrs. on 12-7-69

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

SIGNED Robert A. Smith TITLE Adm. Section DATE 12-17-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



USGS-5 FILE

*See Instructions on Reverse Side

11/10/11 Particulars