

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-02791(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 Oil Company

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
1650' FNL and 2310' FWL of Sec 35

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Payne

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
El Mar Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 35, T-26S, R-32E

14. PERMIT NO.

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

12. COUNTY OR PARISH
Lea

13. STATE
N. Mexico

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.)*

It is proposed to perf and stimulate this well by the following procedures: Perf w/ 1 1/2 spf at 4544', 4546', 4548', 4550' and 4552'. Frac down casing w/ 20,000 gals gelled lease crude and 60,000 # 10/20 sand.

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

SIGNED Robert Gault

TITLE Admin. Supervisor

10-5-72

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
OCT 6 1972
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

1565(5) File