

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC 030139 b
2. NAME OF OPERATOR Continental Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 460, Hobbs, N.M.	7. UNIT AGREEMENT NAME NMFU
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL of Sec. 26, T-23S, R-36E, Lea County, New Mexico, NMPM	8. FARM OR LEASE NAME Lynn B-1
14. PERMIT NO.	9. WELL NO. 13
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3340' DF (Est)	10. FARM AND POOL, OR WILDCAT NMFU Field
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Langlie Mattix Pool
	12. COUNTY OR PARISH Lea
	13. STATE 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.)*

Spudded location 8:15 P.M., 5-28-65. Ran 12 JTS
(326') 7 5/8" csg. set W/250 sx Class "A" cmt. W/2% gel and 2%
Cacl2. Set @ 310'. WOC 24 hours. Tested with 1000# for 30 min.
Tested O.K.

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

SIGNED

TITLE Staff Supervisor

DATE June 3, 1965

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER

USGS-5, NMOCC-2, LPT, PAN AM HOBBS-3, ATL-Ros-2, Calif Mid-2