

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

*N.M. 02887*

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

*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 & 1650' FEL of Sec. 12*

14. PERMIT NO.

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

*3596 BR*

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

*Wimberly 12*

9. WELL NO.

*3*

10. FIELD AND POOL, OR WILDCAT

*Truple X Delaware*

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

*Sec. 12, T-24S, R-32E*

12. COUNTY OR PARISH

*Lea*

13. STATE

*N. Mex.*

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) *Commencement*

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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 12 1/4" hole on 10-2-73 and drilled to 400'. Set 8 5/8" 20# casing at 400' and cemented with 210 sacks Class "C" cement. Circulated cement to surface. Tested casing with 1,000#, held O.K.*

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

SIGNED

*Robert Gault*

TITLE

*Division Office Manager*

DATE

*11-14-73*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side

*USGS/S, File*