Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT ⌐ 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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-068281-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL ☒   GAS WELL ☐   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Continental Oil Company

8. FARM OR LEASE NAME

Russell 30 Federal

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.

2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330' FNL & 660' FWL of Sec. 30

10. FIELD AND POOL, OR WILDCAT

Mason Delaware North

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

Sec. 30, T-26S, R-32E

14. PERMIT NO.

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

3,158' GR

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other *Setting Production String* ☒	
(Other)		(NOTE: Report results of multiple completion or 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.) *

Set 5½" 15.5# & 14# casing at 4,350'. Cemented with 295 sacks Class "C" cement. P.B.D. at 4,327'. T.O.C. by survey at 3,500'.

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

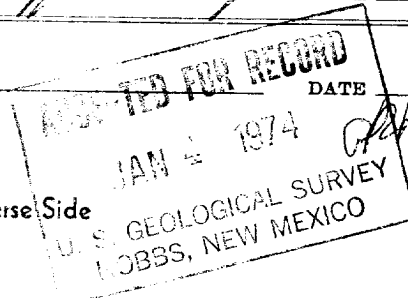SIGNED *Robert Crutten*   TITLE *Division Office Manager*   DATE *1-2-74*

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

USGS-5, File