

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.
LC-031622(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 N. Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
990' FSL and 330' FEL of Sec 11

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3571' set d.f.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sanderson A

9. WELL NO.
16

10. FIELD AND POOL, OR WILDCAT
Elmer's Tractment G-5A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 11, T-20S, R-36E

12. COUNTY OR PARISH 13. STATE
Lea N. Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input 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) Commencement <input checked="" type="checkbox"/>	

(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 12 1/4" hole on 11-19-72. Ran 8 5/8" 20# casing and set at 1013'. Cemented w/ 600 sacks class C cement. Cement circulated. WOC 18 hours. Tested 8 5/8" casing w/ 1000 psi for 30 minutes; held o.k.

18. I hereby certify that the foregoing is true and correct
SIGNED **Robert Gault** TITLE **Admin. Supervisor** DATE **11-28-72**

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
DATE
DEC 1 1972
U. S. GEOLOGICAL SURVEY,
HOBBS, NEW MEXICO

*See Instructions on Reverse Side