

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved
Bureau of Reclamation No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

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 TO DRILL" 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
660' FSL + 1980' FWL, Section 19, T-20S, R-38E, Lea County, New Mexico

7. UNIT AGREEMENT NAME
NMFCU

8. FARM OR LEASE NAME
SEMU Permian

9. WELL NO.
17

10. FIELD AND POOL, OR WILDCAT
Skaggs

11. SEC., T., R., OR BLK. AND SURVEY OR AREA
Sec. 19, T-20S, R-38E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3548' DF

12. COUNTY OR PARISH
Lea

13. STATE
NM

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 acidize the well with 2000 gallons 20% LSTNE and treat with 110 gallons United Chemical TH-761.
Return well to production*

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

SIGNED

Robert J. Gault

TITLE

Adm. Sec. Chief

DATE

6-5-68

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 At-Ros-2 Chv-Mid-2 Pan Am-Hobbs-2 File

*See Instructions on Reverse Side

JUN 10 1968
A. H. LITVIN
DISTRICT ENGINEER