

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-068281 (ca)

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, NM 88240

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

660' FSL and 660' FWL of Sec 19

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3162' df

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Russell 19 Federal

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
North Mason Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 19, T-26S, R-32E

12. COUNTY OR PARISH 13. STATE  
Lea 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.) \*

Cut core from 4254'-4273'. Drilled to 4280'.  
Fract'd down casing w/12000 gals gelled oil  
and 21,500 # 20/40 sand. Swab load oil and  
ploed on pump. Completed - 9-18-73

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

SIGNED

TITLE

Admin. Supervisor

DATE

9-18-73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 20 1973

GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side