

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI-
(Other instructions
verse side)

CC TO O.C.C. Form approved.
Budget Bureau No. 42 11-24.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 069515
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL of Sec. 26, T-26S, R-32E, Lea County, New Mexico, NMPM.		8. FARM OR LEASE NAME Wilder
14. PERMIT NO.		9. WELL NO. 21
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3121 KB		10. FIELD AND POOL, OR WILDCAT El Mar Delaware Pool
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-26-32
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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) Perf Add'l Pay <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.)*

Additional pay was perforated and fracture treatment performed in the Wilder Well No. 21, using the following procedure:

- 1) Perf Ramsey Sand 4618-4622 W/2 JSPF.
- 2) Fraced perfs 4603 - 4622 W/2 JSPF
- 3) Swabbed well to production.

On IP pumped 34 BBls. of 40 deg. gravity oil, 19 bbls of water in 24 hours W/10 MCFGPD and GOR 294

Workover started 9-21-64. Completed 9-23-64. Tested 10-18-64.

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

SIGNED _____ TITLE Ass't. District Mgr. DATE 10-21-64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ APPROVED DATE _____
CONDITIONS OF APPROVAL, IF ANY:
USGS (5) NMOCC (2) JM

OCT 26 1964

*See Instructions on Reverse Side. GORDON
ACTING DISTRICT ENGINEER

