

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.

*N.M. 02791 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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR  
*CONTINENTAL Oil Company*

8. FARM OR LEASE NAME

*N. El Mar Unit*

3. ADDRESS OF OPERATOR  
*Box 460, Hobbs, N.M. 88240*

9. WELL NO.

*59*

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

10. FIELD AND POOL, OR WILDCAT

*El Mar Delaware*

*600' FSL & 900' FWL OF Sec. 35*

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

*Sec. 35, T-26S, R-32E*

14. PERMIT NO.

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

*3094' GR*

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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<i>Set Surface CSG</i>		<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 4:00 PM 12-13-76 & DRLD 12 1/4" Hole to 650'.  
Set 8 5/8" CSG AT 650' & CMTD w/ 400 SX CLASS "C" CMT  
and 2% CACL. CMT CYC. TO SURFACE. WOC 18 HRS.  
Tested OK w/ 780 PSI FOR 30 MIN. DRLD Ahead w/ 7 7/8"  
Hole.*

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

SIGNED *Wm. A. T. [Signature]* TITLE *ADMIN. SUPERV.*

DATE *12-28-76*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

FILED FOR RECORD  
DATE

JAN 3 1977

U.S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side

*USGS 6, File*