(May 1963)

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.: NM 13340

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.)

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OIL CONSERVATION COMM.
SANTA FE

7. UNIT AGREEMENT NAME:

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: Williams Federal A

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.: 2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 990' FSL and 1980' FEL of Sec 13

10. FIELD AND POOL, OR WILDCAT: Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 13, T-5N, R-23E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4386.7' gr

12. COUNTY OR PARISH: Guadalupe

13. STATE: N.Mex

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☒	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Commencement			☒
(Other)	☐			(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 9 7/8" hole on 12-23-71. Drld to 370' in sond, Set 7 5/8" casing at 356'. Cemented W/150 sacks class C cement W/4% gel, 2% CaCl and 1/4# flocele per sack. Cement Circulated. WOC 24 hours. Tested casing W/1000 psi for 30 minutes. Held O.K.

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

SIGNED Ralph Nix TITLE Administrative Supervisor DATE 12-28-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) - Durango, Colo File

*See Instructions on Reverse Side