

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 42-R1171

5. LEASE DESIGNATION AND SERIAL NO.  
**LC-029405(B)**

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, N.M.**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
**1980' FSL + 860' FEL of Sec. 19, T-17S  
R-32E, Lea County, N.M.**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
**3949 ft**

7. UNIT AGREEMENT NAME  
**MCA Unit Repr.**

8. FARM OR LEASE NAME  
**MCA Unit B41**

9. WELL NO.  
**259**

10. FIELD AND POOL, OR WILDCAT  
**Maj. G-SA Repr.**

11. SEC., T., R., M., OR L.L.C. AND SURVEY OR AREA  
**Sec 19, T-17S, R-32E**

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 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Perf + Stimulate</b>	

(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.)\*

**Work done: Perf 3995, 3991' + 3985' w/ 25 PF.  
Created perf w/ 5000 gals 15 PC  
retarded acid.  
Ran prod. equipment. Placed well  
on prod.**

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

SIGNED **M E Youkey** TITLE **Administrative Supervisor** DATE **3-8-71**

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:  
**USGS (5) MCA (3) File**

U.S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side