

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031670 (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 ☐

2. NAME OF OPERATOR

CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR

Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.  
At surface

1980' FNL &amp; 1980' FNL of SEC. 19

14. PERMIT NO.

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

3553' DF

12. COUNTY OR PARISH 13. STATE

LEA N.M.

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 COMPLETION ☐ABANDON\* ☐CHANGE PLANS ☐CASING REPAIR ☒

## 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.)

IT IS PROPOSED TO REPAIR ERODED SURFACE CASING  
ON THIS WELL BY THE FOLLOWING PROCEDURE:

PULL PROD. EQUIP'T. & STRIP OFF WELL HEAD. RUN  
1" PIPE BETWEEN 7" & 9 7/8" CSG. STRINGS TO  
200'. CIRC. CMT. TO SURFACE W/APPROX. 35 SX.  
CLASS "C" CMT. W/4% CACL. WOC 24 HRS.  
RE-INSTALL CASING HEAD ON 7", RE-RUN  
PRODUCTION EQUIP'T. & RESTORE WELL TO  
PRODUCING.

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

SIGNED

Wm. A. Butterfield

TITLE

ADMIN. SURV.

DATE

4-19-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

19

\*See Instructions on Reverse Side

USGS(5), NMFU(4), FILE