

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>	7. UNIT AGREEMENT NAME <u>SEM V</u>
2. NAME OF OPERATOR <u>CONTINENTAL OIL COMPANY</u>	8. FARM OR LEASE NAME <u>SEM V Burgin 16</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	9. WELL NO. <u>13</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FSL & 1,980' FWL by Sec. 20</u>	10. FIELD AND POOL, OR WILDCAT <u>Warren Prinkard</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3,554' DF</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 20 T. 20S R. 38E</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>N. Mex</u>

18. 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 COMPLETION <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <u>Repair casing</u>	<u>X</u>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATION* (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 casing in this well by setting a ret. B.S. at \pm 4,200' w/ 10'-15' sand on top. Perf. 4000'-4004' w/ 2 JSDF. Set squeeze tool at 3,980' & squeeze perf. with 300 sacks Class 'C' Cement. W.O.C. Drill out squeeze and test to 1000'.

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

SIGNED

Robert Paul

TITLE

Division Office Manager

DATE

1-29-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4/15

*See Instructions on Reverse Side

USGS-5, NMWU-4, File