

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-03 1670 (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 ☐	7. UNIT AGREEMENT NAME SEMU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME SEMU Mike
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL + 1980' FWL of Sec 20, T20S R-38E, Lea Co., N.M.	10. FIELD AND FOOT, OR WILDCAT Watten Mike
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-20S R-38E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) DF 3554'	12. COUNTY OR PARISH Lea
	13. STATE N.M.

18.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) <i>Drill out Plug</i>	☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(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.)

Drill out CP at 9092' to open up existing perfor. 9100' - 9142'.
Run tubing up to be set at 8970'. If successful well place on production. If successful see form 9-331C.

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

SIGNED *M. G. Wadley*

TITLE Adm. Supervisor

DATE 12-8-70

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DEC 9 1970

ARTHUR R. BROWN
DISTRICT ENGINEERUSGS-5 FILE
NM 64(4)

*See Instructions on Reverse Side

RECEIVED

11 1970

OIL CONSERVATION
HOBBS, N. M.