

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 069515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilder

9. WELL NO.

25

10. FIELD AND POOL, OR WILDCAT

Battleaxe-El Mar, N Mason
El Mar Delaware Pool / Field

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 26, T-26S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER

FEB 24 12 46 PM '65

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface 1980' FNL & 1980' FNL, Sec. 26, T-26S,
R-32E, Lea County, New Mexico, NMPM.

14. PERMIT NO.

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

3105 BMT

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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 fracture the Wilder No. 25 in the following procedure:

1. Kill well and clean out to TD
2. Pull tubing and frac down 4 1/2" casing with 8000 gals lease crude, 400# "ADOMITE". Use 9000# 20/40 sand in last 2000 gals.
3. Re-run tubing and pumping equipment.
4. Place well on production.

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

SIGNED

TITLE Staff Supervisor

DATE 2-22-65

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-2, NMOCC-3, JM

*See Instructions on Reverse Side