

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.
LC 031620 (a)

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <u>Continental Oil Company</u></p> <p>3. ADDRESS OF OPERATOR <u>Box 460, Hobbs, New Mexico 88240</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1980' FNL & 660' FEL, Sec. 24, T-20S, R-37E, Lea County, New Mexico</u></p> <p>14. PERMIT NO. _____</p> <p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>3541 D.F.</u></p>	<p>7. UNIT AGREEMENT NAME <u>N.M.F.U.</u></p> <p>8. FARM OR LEASE NAME <u>SEMU Permian</u></p> <p>9. WELL NO. <u>29</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>NMFO Field Skaggs Pool</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 24 - T-20S - R-37E</u></p> <p>12. COUNTY OR PARISH 13. STATE <u>Lea N.M.</u></p>
---	--

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>Cleanout & Deepen</u>	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	<input type="checkbox"/>

(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.)*

On test dated 3-27-67 well pumped 35 BO, 2 BW in 24 hrs..

Well checked and found to have 51' of sand fill. In conjunction with this cleanout, it is proposed to deepen from 3911' to 3962' and test.

A subsequent report will be submitted upon completion of this work.

APPROVED

APR 13 1967

DISTRICT ENGINEER

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

SIGNED [Signature] TITLE Staff Supervisor DATE 4-12-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 PAN AM - Hobbs-2 AIL-Rosw-2 CALIF-Mid-3 FILE-2