

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 030556 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Stevens B-7

9. WELL NO.

4

10. FIELD AND POOL OR WILDCAT

NMFU Field

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

Langlie Mattix Queen Multz. Pool

Sec. 7-23S-37-E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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
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 660' FSL & 660' FWL, Section 7, T-23S, R-37E, Lea County, New Mexico, NMPM.

14. PERMIT NO.

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

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 COMPLETE
ABANDON*
CHANGE PLANS

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.)*

Drilled to 3735' TD on 4-10-65. Ran GR Sonic and focused logs. Ran 114 jts (3745') of 4 1/2" O.D. casing and set at 3735' with 230 sx Class "C" Cement W/4% gel. Used 11 centralizers and 18 scratchers. Plug down at 9:30 p.m. 4-12-65. Top of cement @ 2600' by temperature survey. W.O. C. 24 hrs. Tested W/1000# for 30 minutes. Tested O.K.

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

SIGNED SIGNED: ROBERT GAULT III TITLE Staff Supervisor DATE 4-13-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMOCC-2, JM ATL ROS-2 PAN AM HOBBS -3, CALIF OIL MID-2

*See Instructions on Reverse Side APR 14 1965

APPROVED
J. L. GORDON
ACTING DISTRICT ENGINEER