

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

WELL IDENTIFICATION  
NUMBER AND LOCATION ON REVERSE SIDE

Form 9, Revised  
Budget Project N 10-11

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH 13. STATE

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  
*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

*990' FSL and 990' FWL of Sec 30*

14. PERMIT NO.

15. ELEVATIONS (Show whether of, to, or, etc.)  
*2935'*

*Sec 30, T-265, R-57E*

*Lea N. Mex*

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U.S. GEOLOGICAL SURVEY  
HOBBES, NEW MEXICO

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)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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)	<i>Completion report</i>		

(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.)\*

*Spudded 12 1/4" hole on 7-12-71. Ran 8 5/8" 20 ft casing and set at 509'. Cemented w/ 150 SK's class "C" cmt w/ 4% gel. Followed w/ 100 SK's class "C" cmt w/ 2% CaCl2. Cement circulated. WOC 24 hours. Tested casing to 1000 # for 30 minutes. Held OK.*

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

SIGNED *[Signature]*

TITLE *Admin. Supervisor*

DATE *7-14-71*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD  
JUL 19 1971  
U.S. GEOLOGICAL SURVEY  
HOBBES, NEW MEXICO

USGS(5) NMFA(4) File

\*See Instructions on Reverse Side

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OIL CONSERVATION COMM.  
WASHINGTON, D.C.