(May 1963) UNITED STATES SUBMIT IN TRIPLICATE (Other instructions on reverse side)
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.: NM 9086

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: Williams Federal

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL and 990' FEL of sec 31

10. FIELD AND POOL, OR WILDCAT: Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 31, T-5N, R-24E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4408' gr

12. COUNTY OR PARISH: De Baca

13. STATE: N. Mex

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[X]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Commencement			[X]
(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.)*

Spudded 9 7/8" hole on 11-15-71. Drld to 320' in sand. Ran 7 5/8" csg and set at 317'. Cemented w/100 sacks class "C" cement w/4% gel and 2% CaCl3 and 1/4 # flocle per sack. WOC 24 hours. Cmt circulated. Tested 7 5/8" csg w/1000 psi for 30 minutes. Held O.K.

RECEIVED
NOV 29 1971
O. C. C.
ROSWELL, NEW MEXICO

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

SIGNED M. E. Yeckley TITLE Administrative Supervisor DATE 11-17-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) File
Durango, Colorado

*See Instructions on Reverse Side