

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

10 029509 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MOA

8. FARM OR LEASE NAME

MOA Unit

9. WELL NO.

42

10. FIELD AND BLOCK OR WELL-AT

Baish Hall Potomac Field

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

Maljamar Pool

SURVEY OR AREA

S-21-17-32

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.)

OCT 19 11 49 AM '65

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 surface1650' FNL & 330' FEL of Section 21, T-17S, R-32E,
Lea County, New Mexico

14. PERMIT NO.

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

4015 DF

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) Cemented up Injection ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(Note: Report results of multiple completion on Well Completion or Redesignation 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.)*

Pulled rods and tubing. Reran tubing W/Guiberson tension packer. Packer set at 3313'.

Tested tubing W/3,000#. Packer set W/14 point tension. Ready for injection.

Workover started 8-3-65. Completed 8-4-65.

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

SIGNED

Paul R. Stephens

TITLE Staff Supervisor

DATE 10-11-65

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5, NMOC-2, PARTNERS -12, File -2

APPROVED

OCT 15 1965

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER