

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-21124.
5. LEASE DESIGNATION AND SERIAL NO.

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, NM.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660' FNL & 660' FWL of Section 21, T-17S, R-32E,
Lea County, New Mexico, N.M.P.M.

5. LEASE DESIGNATION AND SERIAL NO.
LO 029509 a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NOA

8. FARM OR LEASE NAME
NOA Unit

9. WELL NO.
26

10. FIELD AND POOL OR WILDCAT
Baish-Half-Pearsall Field
Mallard Pool

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA
S-21-T-17S-R-32E

12. COUNTY OR PARISH 13. STATE
Lea N.M.

14. PERMIT NO.
4054 DF

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Convert to Injection <input checked="" 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.)*

Pulled rods, pump and tubing. Reran tubing w/Guilbertson tension packer. Packer set at 3526'. Tubing tested w/3,000#. Packer set w/14 point tension. Ready for injection.

Workover started 8-11-65. Completed 8-11-65.

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

SIGNED Hal R. Stephens TITLE Staff Supervisor DATE 10-11-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMOCC-2, Partners 12- File (2)

*See Instructions on Reverse Side

APPROVED
OCT 15 1965
J. L. GORDON
ACTING DISTRICT COMMISSIONER