

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

## 1a. TYPE OF WORK

DRILL ☐DEEPEN ☐PLUG BACK ☒

## b. TYPE OF WELL

OIL  
WELL ☒GAS  
WELL ☐OTHER *Re-Complete*SINGLE  
ZONE ☒MULTIPLE  
ZONE ☐

## 2. NAME OF OPERATOR

CONTINENTAL OIL COMPANY

## 3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

## 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*

At surface

*1980' FSL & 860' FWL of Sec. 22*

At proposed prod. zone

## 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

## 10. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any)18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

## 21. ELEVATIONS (Show whether DF, RT, GR, etc.)

*4022' DF*

## 16. NO. OF ACRES IN LEASE

## 19. PROPOSED DEPTH

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

## 20. ROTARY OR CABLE TOOLS

## 22. APPROX. DATE WORK WILL START\*

*9-16-73*

## PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
		<i>No Change</i>		

*It is proposed to abandon the Devonian Oil zone and recomplete the Morrow formation for gas production by the following procedure: Squeeze Devonian perf. from 13,580' - 13,605' w/ 150 sacks cement. Run GR-N & Cmt. back logs. Selectively perf. and treat the Morrow zone. Return well to production.*

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

*Robert Sauls*

TITLE Division Office Manager

DATE 2-6-74

(This space for Federal or State office use)

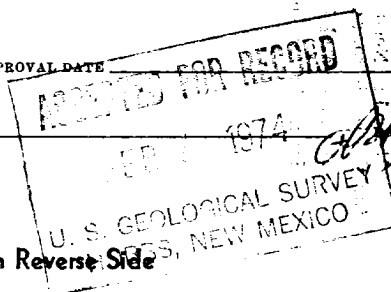
PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



USGS-5, File

\*See Instructions On Reverse Side