

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 029509 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Baish "A"

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Malj.-Abo and Baish W.C.

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

Sec. 22-17S-32E

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.)1. OIL WELL ☒ GAS WELL ☐ OTHER Dual

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 1780' FNL & 460' FWL of Sec. 22, T-17S, R-32E,
Lea County, New Mexico, NMPM.

14. PERMIT NO.

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

3999 GR

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) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

Drilled to 9955' 11-24-64. Ran 316 joints (9940') of 5 1/2" csg.

and set at 9955. Cmtd 5 1/2" csg in two stages. Cmtd 1st stage W/471

sx class "c" cmt W/8% gel & 536 sx class "c" cmt W/4% gel. Salt saturate

Circulated out 2005 - plug down at 7:45 a.m. - circ 4 hrs.

Cmtd. 2nd stage W/369 sx class "c" cmt W/4% gel, 10% salt; completed

2nd stage @ 1:00 PM 11-25-64. DV tool @ 6001. Cmt returned to 2200'

by temp survey. WOC 24 hrs. Tested casing W/800#. Tested O.K.

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

SIGNED SIGNED: ROBERT GAULT IIITITLE Staff SupervisorDATE 12-3-64

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE

DEC 4 1964

*See Instructions on Reverse Side

USGS-5 NMOCC-2 JM

J. L. GORDON
ACTING DISTRICT ENGINEER