

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other instruction on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029405(6)

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 ☒ 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 surface
1345' FSL + 2615' FWL of Sec. 20, T-17S, R-32E,
Lea County, New Mexico.

14. PERMIT NO.

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

3970 GR

7. UNIT AGREEMENT NAME

MCA Unit Repr.

8. FARM OR LEASE NAME

MCA Unit Repr.

9. WELL NO.

266

10. FIELD AND POOL, OR WILDCAT

MCA Unit Repr.

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

Sec. 20, T-17S, R-32E

12. COUNTY OR PARISH

Lea N.M.

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 perti-
nent to this work.)*

Drilled out of 8 5/8" casing with a 7 7/8" bit to 4110'.
Set 5 1/2" Cond. "A" g-55 csg at 4110'. Cemented
w/250.sps class "C" cnt. in 2 stages. W.O.C.
24 hr. Top of cement 2100'. Tested casing
w/100# for 30 min. OK.

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

SIGNED

M. E. Heckley

TITLE

Administrative Rep.

DATE

3-19-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS (5) MCA (3) Files

*See Instructions on Reverse Side

RECEIVED

MAR 23 1971

OIL CONSERVATION COMM.
HOBBES, N. L.