

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other Instruct on re-
verse side)Form approved.
Budget Bureau No. 42-R1421

5. LEASE DESIGNATION AND SERIAL NO.

LC-02 9405(h)

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, N. M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface1295' FSL + 1295' FEL of Sec. 19, T-17S,
R-32E, Lea County, N. M.

14. PERMIT NO.

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

Elev. 3942 NG

7. UNIT AGREEMENT NAME

MCA Unit Repr.

8. FARM OR LEASE NAME

MCA Unit Repr.

9. WELL NO.

279

10. FIELD AND POOL, OR WILDCAT

MCA Unit Repr.

11. SEC., T., R., OR BLM. AND
SURVEY OR AREA

Sec. 19, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

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 in 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.)*

This well was spudded 4-10-71.
Drilled 12 1/4" hole to 700' + set 8 5/8"
2.0" casing. cement w/37.5 sps class "C" cement.
W.O.C. 24 hrs. Cement cured. Tested casing
w/1000#, Held OK.

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

SIGNED

M. E. Speakey

TITLE

Administrative Supervisor

DATE

4-12-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS(5) MCA(3) File

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

APR 2 1974

OIL CONSERVATION COMM.
HO333, W. M.