

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

U.S. GEOLOGICAL SURVEY
WATER RESOURCES DIVISION
WASHINGTON, D.C. 20509

Date approved:
Folio of Report No. 11-11424

U.S. GEOLOGICAL SURVEY AND STATE NO.

LC-0586 92(11)

U.S. GEOLOGICAL SURVEY AND STATE NO.

SUNDY NOTICES AND REPORTS ON WELLS

(Do not use this form for completion of a well log or for completion of a well log report. Use Form G-1 for completion of a well log or for completion of a well log report.)

1. NAME OF OPERATOR

WELL ☒ GAS ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1295' FSL & 2615' FWL OF Sec 23

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RL, or CG)

4004' GR

16. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ FULL OR ALTER CASING ☐
FRACURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☒ Casing Repair

(NOTE: Report results of multiple completion on Well Completion or Abandonment Report and Log form.)

17. DESCRIBE PRODUCTION OR OTHER OPERATIONS (Clearly state all pertinent dates, and give pertinent dates, including a tentative 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.)

4-5-77 Unseated Baker pkr. POOH w/ 2 3/8" Tbg. Pkr. left at 2406'. Caught pkr. with a tap + POOH. Could not POOH. WITH w/ 5 1/2" pkr. + 67 jts. of 2 3/8" seal lock Tbg. set pkr. at 2136'. Shut Tbg. + Csg in. Evaluate for plug + abandon.

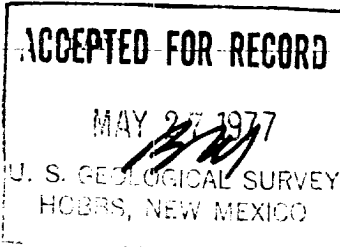
18. I hereby certify that the foregoing is true and correct.

SIGNED Wm. A. Turner TITLE ADMIN. SERV. DATE 5/25/77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

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