Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 031620

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

7. UNIT AGREEMENT NAME
NMFU

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
Skaggs B

3. ADDRESS OF OPERATOR
Box 460, Hobbs, New Mexico 88240

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL & 660' FWL, Sec. 12, T-20S, R-37E, Lea County, N. Mex.

10. FIELD AND POOL, OR WILDCAT
NMFU Fuhrman-Skaggs Drinkard-Blinebry

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T-20S, R-37E

14. PERMIT NO.

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

12. COUNTY OR PARISH
Lea

13. STATE
N. Mex.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☒	CHANGE PLANS	☐	(Other)			
(Other)				(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.)*

It has been determined that this well has down hole communication. Permission is requested to perform work necessary to eliminate communications.

USGS-5 Pan Am-Hobbs 2 Atl-Rows 2 Calif-mid 3 File

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

SIGNED B. C. Jimmerson TITLE Assistant Division Manager DATE 9-12-68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
SEP 16 1968
J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side