DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.: LC-031621-b

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: Brett B

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

9. WELL NO.: 12

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL and 660' FWL of Sec 15

10. FIELD AND POOL, OR WILDCAT: Blinebry & Tubb

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 15, T-20S, R-37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3557' df

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) downhole commingle	[X]			(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 is proposed to downhole commingle in this well by the following procedures.

Pull producing equipment from Blinebry and Tubb zones. Run 2 3/8" tbg and set at ±6330'. Place back on production.

Approval to perform this work was granted under NMOCC Admin order No DHC-100 dated 11-28-71.

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

SIGNED: Hugh Dingle TITLE: Administrative Supervisor DATE: 12-7-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED DEC - 1971 ANDREW R. BROWN DISTRICT ENGINEER

USGS (5) File NMFU(4)

*See Instructions on Reverse Side