

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.

NM-0557686

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 Co.

3. ADDRESS OF OPERATOR

Box 460 Hobbs, N. Mex

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1980' FSL and 1980' FWL of Sec 23

14. PERMIT NO.

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

3532' df

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Seneca Penn

9. WELL NO.

3

10. FIELD AND POOL, OR FLD/CAT

Cass Penn

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

Sec 23 T-205, R-37E

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:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Testing Csg For Leaks ☒
(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.)*

Moved packer up hole to surface to check for casing leaks by pressuring up w/ 1000 PSI but found no leaks. Completed - 9-5-72

note: This replaces subsequent report submitted on subject well on 11-10-72.

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

SIGNED

Robert Gault

TITLE

Admin. Supervisor

DATE

11-16-72

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

NOV 17 1972

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

11SGS-5 NMFH-4 File