

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM0557686

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  
Box 460 Hobbs, New Mexico

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 Pennsylvania

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Cass Penn

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

Sec 23, T-20S, R-37E

12. COUNTY OR PARISH

Lee N. Mexico

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 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 perti-  
nent to this work.) \*

Locate casing leak. Set cement retainer above  
leak. Squeeze leak w/ 200 sacks Class H cement.  
Wait on cement 24 hours. Pressure test  
squeeze and place on production.

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

SIGNED

*[Signature]*

TITLE

Admin. Supervisor

DATE

3-9-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
MAR 13 1972  
[Signature]  
DISTRICT MANAGER

\*See Instructions on Reverse Side

USGS(5) NMFL(4) File

RECEIVED

MAY 14 1972

OIL CONSERVATION COMM.  
HOBBS, N. M.