

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-03/620 (a)

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 88240

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' FEL of Sec 24

14. PERMIT NO.

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

3541' dL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Semi Permian

9. WELL NO.

29

10. FIELD AND POOL, OR WILDCAT

Skoras Grayburg

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

Sec 24, T-20S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mexico

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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☒  
☐  
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PULL OR ALTER CASING

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☐  
☐  
☐

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)

(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.)\*

Set packer at  $\pm 3660'$ . Treat OH w/1500 gals  
1590 HCL-NE acid. Frac w/39,000 gals treated produced  
water and 69,000 # 20/40 sand.

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

SIGNED

Robert Daulton

Administrative Supervisor

DATE

7-20-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS(5)

FILE

NMFU(4)

\*See Instructions on Reverse Side

APPROVED

JUL 21 1972

THUR R. BROWN  
DISTRICT ENGINEER