

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SURM. IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDY 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Warren Unit McKee
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico 88240	9. WELL NO. 27
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 2310' FEL of Sec. 20-20-38 Lea County, New Mexico N.M.P.M.	10. FIELD AND POOL OR WILDCAT NMFU Field Warren McKee Pool
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3544' DF
11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-20S, R-38E	
12. COUNTY OR PARISH 13. STATE	

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) Cleanout & Install Chamber Lift (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

BEFORE WORKOVER: TD 9133, - PB. 9101', Elev. 3544., 5 1/2" csg. set @ 9108', McKee Pay: 8960-9064., On test dated 11-25-66 well flowed 60 BO., No water, W/3550 GOR. Well must be swabbed frequently to maintain flowing status.

WORK DONE: Pulled 2" tbg. W/pkr., Cleaned out w/sand pump 9070-9080', Ran Guiberson pkr. to 8922'. Ran Baker pkr. to 8728 W/G.L. Valves @ 8725, 8687, 8088, & 7423.

AFTER WORKOVER: No change in TD, RBM, Elev., pay, Csg. or Perfs. On test dated 3-21-67 well - G.L. 62 BO, no water W/230 MCFG in 24 hrs., GOR 3710. Daily allow. 62. Workover started 3-5-67. Completed 3-5-67.

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

SIGNED: SIGNED: JOE I. BATY

TITLE Staff Supervisor

DATE 4-6-67

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

APR 13 1967

District Engineer

*See Instructions on Reverse Side