

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other Instructions on
reverse side)Form approved.
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH

13. STATE

1. OIL WELL ☒ GAS WELL ☐ OTHER2. NAME OF OPERATOR
Continental Oil Company3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, NM 882404. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FSL & 330' FWL, of Sec. 22

14. PERMIT NO.

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

3525' DF

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 COMPLETION

ABANDON*

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

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 perti-
nent to this work.) *

After locating leak set BP 30' below & set 10' sand on top. Set
Pkr. 50'-70' above leak & squeeze w/100 to 150 sacks Class 'C'
Cement (est amount depending upon need). Reverse out excess cement.
Drill out plug - pressure test to 500 PSI; re-squeeze if necessary.
Clean out to TD if necessary. Re-run producing equipment
& place well on production.

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

SIGNED

TITLE Admin. Supervisor

DATE 10-18-73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 15 1973

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-6 FILE Partners-21