

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.

LC 031620 (b)

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

330' FNL & 610' FEL of Section 22, T-20S, R-36E,
Lea County, New Mexico, NMPM.

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

SEMU

9. WELL NO.

84

10. FIELD AND POOL, OR WILDCAT
NMPM Field

Mon Tubb & Weir Blinbry

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

Pools

Sec. 22-20S-37E

14. PERMIT NO.

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

3951 DF

12. COUNTY OR PARISH

Lea

13. STATE

New 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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☐

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

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☐
☐

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.) *

Drilled to 1237' (8-6-64). Set 8 5/8" OD 24# casing at 1237'. Cmt'd casing w/200 sx Class C cmt w/8% gel & 2% CaCl & 65 sx Class C cmt w/4% gel & 2% CaCl. Plug down at 9:00 P.M., 8-6-64. Cmt circulated. WOC 24 hours. Tested casing w/1000# for 30 minutes. Tested OK.

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

SIGNED

TITLE Staff Supervisor

DATE 8-31-64

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(5) NMOCC(2) JM PanAm-Hobbs(3) At1-Ros(2) Calif-Hou&Mid(1 ea)