

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPI
(Other instructions
verse side)TE*
re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031621 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

SEMU Blinebry-Tubb

9. WELL NO.

85

10. FIELD AND POOL OR WILDCAT

NMFU Field
Mon. Tubb & Weir11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA Blinebry
Pools

15-20-37

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 ☐ Dual
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 1650' FNL & 660' FEL of Sec. 15, T-20S, R-37E,
Lea County, New Mexico, NMPM.
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3578 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 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 pertinent to this work.)*

Spudded location 8:30 am. 9-17-64. Drilled to 1279' and set 1285' (41 jts) of 8 5/8" casing at 1279' with 100 sx 4% gel & 360 sx 6% gel. Cement circulated. Plug down at 10:30 am. 9-18-64. Waited on cement 24 hours. Tested with 1000 lbs. for 30 minutes. Tested O.K.

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

SIGNED

JOHN ROBERT GALLI III

TITLE Staff Supervisor

DATE 10-12-64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

OCT 15 1964

DATE

J. L. GORDON

ACTING DISTRICT ENGINEER