

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLY
(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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SEMU

9. WELL NO.

86

10. FIELD AND POOL, OR WILDCAT

Tubb

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

14-20-S 37E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface 660' FNL & 660' FWL of Sec. 14, T-20S,
R-37E, Lea County, New Mexico, NMPM

14. PERMIT NO.

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

3584 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.)*

Drilled to 6700' 12-19-64. Ran 210 Jts (6693') of 5 1/2" casing set at 6700'. Cemented W/600 sx Class "C" cement W/8% gel salt saturated and 100 sx cement W/4% gel salt saturated. Top of cement @ 2300' by temperature survey. Plug down @ 8:45 pm 12-19-64. Waited on cement 24 hours. Tested W/1,000# for 30 minutes. Tested O.K.

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

SIGNED SIGNED: ROBERT GAULT III

TITLE Staff Supervisor

DATE 12-22-64

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMOCC-2 JM

TITLE

DATE

*See Instructions on Reverse Side

Pan Am Hobbs-3, Atl-Ros-2, Calif. Hous & Mid (1 each)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 031620 (b)	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FWL Sec 14, T-20S, R-37E, Lea County New Mexico, NMPM		8. FARM OR LEASE NAME SEMU	
14. PERMIT NO.		9. WELL NO. #86	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Tubb	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-20S-37E	
		12. COUNTY OR PARISH Lea	13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 4:30 PM 11-27-64. Drilled to 1365' 11-28-64. Ran 42 jts (1358') of 8-5/8" csg, set at 1365'. Cmt'd w/450 sx Class "c" W/8% gel and 2% cacl. 150 sx class "C" W/4% gel and 2% cacl (1167 cu. ft. slurry) cmt circulated. WOC 24 hrs.

Plug down @ 7:00 P.M. 11-28-64. Tested casing W/700# for 30 minutes. Tested O.K.

APPROVED

DEC 4 1964

J. L. GORDON
ACTING DISTRICT ENGINEER

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

SIGNED SIGNED: ROBERT GAULT III TITLE Staff Supervisor DATE 12-2-64

(To Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS-5 NMOCC-2 JM Pan Am-Hobbs, -3, Atl-Ros. -2, Calif. Hous & Mid -1 each
*See Instructions on Reverse Side