

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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"/>		7. UNIT AGREEMENT NAME NMPU
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		8. FARM OR LEASE NAME BRITT "B"
3. ADDRESS OF OPERATOR Box 460, Hobbs, N.M. 88240		9. WELL NO. 24
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL OF SEC. 11		10. FIELD AND POOL, OR WILDCAT MONUMENT - TQBB
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3607' DF	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 11, T-20S, R-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 type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	PERF. ADD'L. PAY		

(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.)\*

Perf w/1 JSPPF @ 6478', 85', 90', 6529', 33', 40', 43', 48', 54', 6642', 59' & 6668'. Treated w/250 gals acid & 4,000 gals trtd fresh water. Frac w/47,296 gals gelled trtd fresh wtr & 78,000 # sd. Placed on production.

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

SIGNED

*[Signature]*

TITLE

SR. ANALYST

DATE

10-7-74

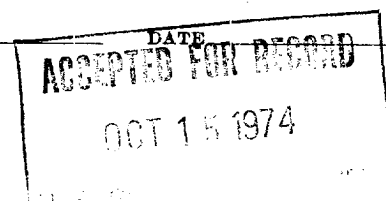
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side



MSG-5, NMPU-4, File

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-031621 (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

P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

14. PERMIT NO.

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

3,607' DF

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Britt B

9. WELL NO.

24

10. FIELD AND POOL, OR WILDCAT

Mammoth - Zable

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

Sec. 11, T-20S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mex.

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)

Perf. Additional Pay

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

REPAIRING WELL

☐  
☐  
☐

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.)\*

It is proposed to perforate additional Mammoth Zable zone and fracture this shut-in well by the following procedure: Selectively perforate, by cone analysis, 12 holes from 6,478' to 6,668'. Frac well with 50,000 gals. treated fresh water & 100,000# sand. Switch well. Run producing equipment and place well on production.

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

SIGNED

Robert Paul Jr.

TITLE

Division Office Manager

DATE

4-18-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

APR 25 1974

ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

USGS-5, NMFO-4, File