

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT 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, New Mexico

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

1980' FSL and 660' FWL of Section 11, T-20S,
Range 37E, Lea County, New Mexico, NMPM

14. PERMIT NO.

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

3600 DF (est)

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Britt B

9. WELL NO.

24

10. NAME AND POOL, OR WILDCAT

NMFU
Monument Tubb Pool
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 11, 20S, 37E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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 7000'. Ran 213 Jts (7,015') 4 1/2"
csg. set @ 7,000' W/600 sx cmt, using 15 centralizers and
57 scratchers. WOC 24 hours. Tested csg. W/1000# 30 minutes.
Tested O.K.

APPROVED

JUN 9 1965

J. L. GORDON
ACTING DISTRICT ENGINEER

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

SIGNED SIGNED: ROBERT CAULT III TITLE Staff Supervisor

DATE June 8, 1965

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMOCC-2, PT, PAN AM HOBBS -3, ATL ROS-2, CALIF MID-2.

*See Instructions on Reverse Side