Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME
NMFU

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
Britt B

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, New Mexico

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

10. FIELD AND POOL, OR WILDCAT
NMFU Field
Monument Tubb Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, 20S, 37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3600 DF (est)

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[X]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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 1344. Ran 42 jts (1332') 7 5/8" csg set @ 1344' and cmtd W/380 sx Class "C" W/8% gel and 2% cacl. and 90 sx Class "C" W/4% gel and 2% cacl. Plug down @ 6:30 P.M. 5-11-65. Cmt. circulated. WOC 24 hrs. Tested csg W/800# before drlg plug. Tstd. OK.

APPROVED
MAY 17 1965
J. L. GORDON
ACTING DISTRICT ENGINEER

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

SIGNED: ROBERT GAULT

SIGNED _____ TITLE Staff Supervisor DATE May 12, 1965

(This space for 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 MID-2

*See Instructions on Reverse Side