

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEC GICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 42-K1423.
5. LEASE DESIGNATION AND SERIAL NO.

LC 031620 (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

990 FSL & 660 FWL of Sec. 14, T-20S,
R-37E, Lea County, New Mexico, NMPM.

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

SEMU Blinebry Tubb

9. WELL NO.

87

10. FIELD AND POOL, OR WILDCAT

NMFU Field

Mon-Tubb & Weir Blbry
11. SEC., T., R., S., OR BLK. AND
SURVEY OR AREA Pools

Sec. 14 - 20 - 37

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

14. PERMIT NO.

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

3554 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 perti-
nent to this work.)*

Ran 207 Jts (6597') 5 1/2" csg set @ 6609. Cmtd W/600
sx Class "C" cmt W/8% gel and 100 sx Class "C" cmt W/4% gel and
31 sx salt. WOC 24 hrs. Top of cmt @ 2300' by temp survey. Tested
csg W/2000# for 30 min. TSTD O.K.

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

SIGNED

SIGNED: ROBERT GAULT III

TITLE Staff Supervisor

DATE 3-17-65

(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 MIA

APPROVED

*See Instructions on Reverse Side

MAR 19 1965

J. L. GORDON
ACTING DISTRICT ENGINEER