Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions — reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: SEMU

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: SEMU BLINEBRY TUBB

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

9. WELL NO.: 87

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.

10. FIELD AND POOL, OR WILDCAT: [illegible] Field
Mon., Tubb & Weir Blby Pools.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 14-20-37

12. COUNTY OR PARISH: Lea

13. STATE: 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:				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.) *

Ran 40 jts (1273') 8 5/8" csg set @ 1285. Cmtd. W/380 sx Class 'C' cmt W/8% gel & 100 sx class 'C' cmt. W/4% gel. Used 4 centralizers. Cmt. circ. WOC 24 hours. Tstd. csg W/800# for 30 minutes. Tstd. o.k. Work done 2-28-65.

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

SIGNED SIGNED. ROBERT GAULT III TITLE Staff Supervisor DATE 3-9-65

(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 MID-2

APPROVED
MAR 10 1965
J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side