

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Skaggs B
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico	9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FWL of Section 11, T-20S, R-37E, Lea County, New Mexico, NMPM	10. FIELD AND POOL, OR WILDCAT NMFU Field Monument-Tubb Pool
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-20S-R-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3585 DF	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 ☐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 6700' TD 4-10-65. Ran 209 jts (6,712') of 4 1/2" casing and set at 6,700'. Cemented W/500 sacks Class "C" cement W/8% gel and 11# salt/sack, and 115 sacks Class "C" Cement W/4% gel and 11# salt/sack. Used 6 centralizers and 26 scratchers. Plug down @ 1:30 P.M. 4-11-65. Top of cement @ 2300' by temperature survey. W.O.C. for 24 hours and tested W/1,000# for 30 minutes. Tested O.K.

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

SIGNED SIGNED: ROBERT GAULT IIITITLE Staff SupervisorDATE April 12, 1965

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

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

APPROVED

*See Instructions on Reverse Side

APR 13 1965

J. L. GORDON
ACTING DISTRICT ENGINEER