

UNITED STATES
DEPARTMENT OF THE INTERIORSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

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.		15. ELEVATIONS (Show whether DF, RT, OR, etc.)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-20S, R-37E		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.)*

Spudded 3-17-65. Ran 42 Jts (1322') 7 5/8" csg. set @ 1334. Cmt W/430 sx class "c" cmt W/8% gel and 2% CACL and 130 sx class "c" cmt W/4% gel and 2% CACL. Cmt circ. W.O.C. Tested for 30 minutes with 800#. Tstd O.K.

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

SIGNED W. L. GORDON TITLE Staff Supervisor DATE 3-22-65

(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.

*See Instructions on Reverse Side

APPROVED
MAR 28 1965
J. L. GORDON
ACTING DISTRICT ENGINEER