

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instruction re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME <i>NMFL Sema</i>
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY	8. FARM OR LEASE NAME <i>SEMA Cement</i>
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. <i>91</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FNL & 1,980' FNL of Sec. 26</i>	10. FIELD AND POOL, OR WILDCAT <i>Cementation Pool</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3,511.9' GR</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 26 T-20S R-37E</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N. Mex.</i>

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* ☐*Settling Production String*
(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.)*

Set 5 1/2" 14# casing at 3,750'. Cemented with 300 sacks class "C" cement. P.B.D. at 3,740'. T.O.C. by survey at 2,690'.

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

SIGNED

Robert Paul

TITLE

Division Office Manager

DATE

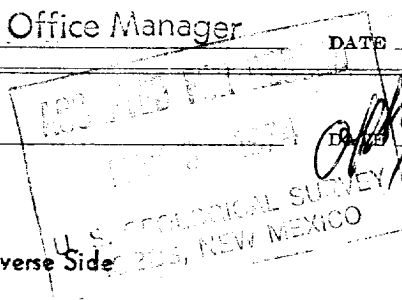
5-29-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



USGS- NMFO-4, File

*See Instructions on Reverse Side