

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 2511

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NAME SEMU

8. FARM OR LEASE NAME

SEMU Garrant

9. WELL NO.

91

10. FIELD AND POOL, OR WILDCAT

Garrant Queen Bee

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 26 T-205 R-37E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

## 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, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

660' FNLCD 1,980' FWL of Sec. 26

14. PERMIT NO.

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

3,511.9' GR

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)

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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.)\*

Spudded 12 1/4" hole on 5-18-74 and drilled to 511'. Set 8 5/8" 20# casing at 511' and cemented with 250 sacks Class "C" cement. Circulated cement to surface. Tested casing with 900#, held O.K.

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

DATE

\*See Instructions on Reverse Side

USGS-S, NMFO-4, File