

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions 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.)

5. LEASE DESIGNATION AND SERIAL NO. **NM 0557686**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME **NM FU**

8. FARM OR LEASE NAME **Sk0995 "B"**

9. WELL NO. **7**

10. FIELD AND POOL, OR WILDCAT **Eumont Gas**

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.**

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR **Continental Oil Company**

3. ADDRESS OF OPERATOR **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 **1650' FSL & 1650' FWL of Sec. 11**

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) **3586' GR. (Est.)**

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"/>	

(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.)*

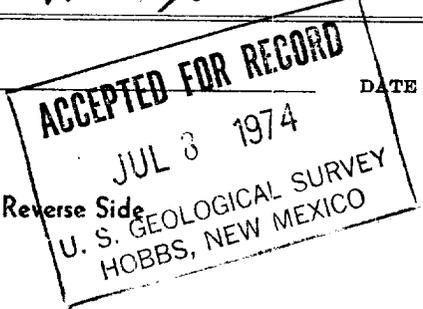
Spudded 12 1/4" hole on 7-2-74 and drilled to 500'.
Set 8 5/8" csq. @ 500' & cemented w/250 sacks
Class "C" cement. Cmt. Circulated. Tested csq w/1000
psi - test ok.

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

SIGNED [Signature] TITLE Sr. Analyst DATE 7-5-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

USGS-S, NMFU-d, File