

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPEL
(other instructions
on reverse side)

Form approved,
Budget Bureau No. 42-M1424.
1. LEASE DESIGNATION AND SERIAL NO.

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
2. NAME OF OPERATOR <i>CONTINENTAL OIL COMPANY</i>	8. FARM OR LEASE NAME <i>SEMU PENN</i>
3. ADDRESS OF OPERATOR <i>Box 460, HOBBS, N.M. 88240</i>	9. WELL NO. <i>95</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>2130' FSL & 1980' FEL OF SEC. 23</i>	10. FIELD AND POOL, OR WILDCAT <i>CASS PENN</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>SEC. 23, T-20S, R-37E</i>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3523' GR (CR.)</i>	12. COUNTY OR PARISH <i>LEA</i>
	13. STATE <i>N.M.</i>

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) <i>SET SURFACE CASING</i> <input checked="" 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 17 1/2" hole @ 12 O'clock noon on 11-26-74. Drilled to 415' & set 13 3/8" CSG @ 415' w/ 400 sts Class "C" cmt. Plug down 11-27-74. Cmt. Circ. to stc.

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

SIGNED

[Signature]

TITLE

SP. ANALYST

DATE

11-27-74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DEC 3 1974

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

USGS-5, NMPL-4, File

RECEIVED

OIL CONSERVATION BOARD.
HOBBES, ALA.