

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse 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 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
1980' FNL E; 1980' FWL OF SEC. 27

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3549' GR.

5. LEASE DESIGNATION AND SERIAL NO.
LC 031695(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
WARREN

8. FARM OR LEASE NAME
WARREN UNIT

9. WELL NO.
33

10. FIELD AND POOL OR WILDCAT
WARREN TUBB

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T-20S, R-38E

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:

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* ☐

(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.)*

*Drilled to 7050' & set 7" 23#E, 26# J-55 CS9. @ 7050'.
Cemented w/1225 sks. Class "C" cmt in two stages
w/ DV tool set @ 4864'. Plug down 7-31-75. TOC
@ 2570'. WOC 72 hrs. Tested CS9. w/1000#, held
OK.*

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

SIGNED

TITLE

DATE

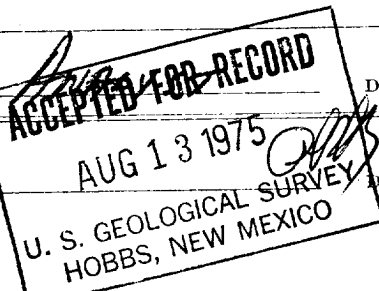
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

USGS-5 NMFU-4, File