

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
L.C. 031695(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 & 1980' FWL OF SEC. 27

RECEIVED
JUL 21 1975
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

7. UNIT AGREEMENT NAME

WARREN

8. FARM OR LEASE NAME

WARREN UNIT

9. WELL NO.

33

10. FIELD AND POOL OR WILDCAT

**WARREN TUBB
WARREN DRINKARD**

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

SEC. 27, T-20S, R-38E

14. PERMIT NO.

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

3542' GR. (EST.)

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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.)*

**Spudded 12 1/4" hole on 7-12-75. Set 9 5/8" 32#
H-40 Csg. Set @ 1504' w/1020 Skts. Class "C" cmt.
Cmt. Circ. to sfc. WOC 18 hrs. Tested csg. to
1.000#, held Ok.**

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

SIGNED

TITLE

SR. ANALYST

DATE

7-16-75

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-5, NMFL-4, File

ACCEPTED FOR RECORD

JUL 21 1975

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HOBBS, NEW MEXICO