

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.

NM 0557686

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
1650' FSL & 990' FEL OF SEC. 23

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SEMU PENN

9. WELL NO.
96

10. FIELD AND POOL, OR WILDCAT
CASS PENN

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 23, T-20S, R-37E

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3524' 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 ☐
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) SET SURFACE CSG. ☒
(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 on 8-21-75. Set 13 3/8" 48# H-40 csq. @ 498'. Cemented w/475 sks. Class "C" cmt. Cmt. Circ. to sfc. WOC 18 hrs. Tested csq. to 800# for 30 min. - held OK. Resumed drlg.

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

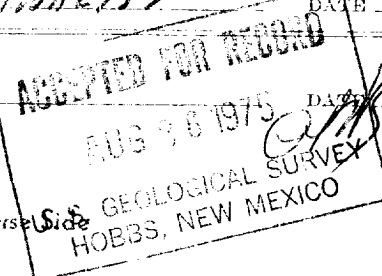
SIGNED *[Signature]*
(This space for Federal or State office use)

TITLE SR. ANNUALIST

DATE 8-25-75

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side

USGS-5, NMPL-1, File