

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME WARREN
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		8. FARM OR LEASE NAME WARREN UNIT
3. ADDRESS OF OPERATOR Box 460, HOBBS, N.M. 88240		9. WELL NO. 40
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' FEL OF SEC. 27		10. FIELD AND WOOD OR WILDCAT WARREN TUBB WARREN BLINERY
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3563' DF	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 27, T. 20S, R. 38E
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH LEA
		13. STATE N.M.

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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 12 1/4" hole on 1-27-76. Drilled to 1538' & set 9 5/8" K-55 32.30# CSG. @ 1538'. Cemented w/ 300 sks Class "C" cmt. followed by 200 sks. Class "H" cmt., followed by 50 sks. Class "C" cmt. for total 550 sks. Circ. cmt. to sfc. WOC 18 hrs. Tested CSG. to 800#, held OK. Cmt. comp! 1-29-76.

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

SIGNED [Signature] TITLE SR. ANALYST DATE 1-30-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE

FEB 3 1976

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

USGS-5, NMFU-4, File

*See Instructions on Reverse Side