

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
verse 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. 41
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL $\frac{1}{2}$ 1980' FWL of SEC. 27	10. FIELD AND POOL OR WILDCAT WARREN BLENDARY WARREN TUBB
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3543' DF
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 27, T20S, R38E
	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 <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 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) <input checked="" type="checkbox"/> SET PRODUCTION 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.)*

DRCD 8 3/4" HOLE TO TD. SET 7" 23 $\frac{1}{2}$ 26 LB. K-55 CSG AT 6910'. CMTD IN 2-STAGES W/DV TOOL AT 3979'; 1ST STAGE 600 SX CLASS "C" CMT.; 2ND STAGE 600 SX CLASS "C" CMT. WOC 72 HRS. TESTED CSG TO 1000 PSI, HELD OK. RELEASED DRLG RIG 3-6-76 & W.O. COMPLTN. RIG.

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

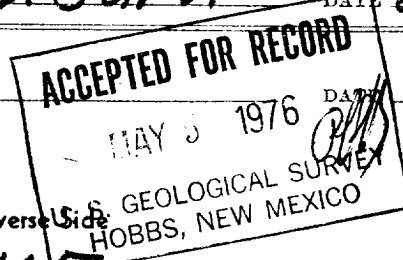
SIGNED Wm. A. Butterfield TITLE ADMIN. SUPERV.

DATE 5-1-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side

USGS(5) NMF4(4) FILE

RECEIVED

MAY 16 1956

U. S. DEPARTMENT OF COMMERCE
BUREAU OF MARITIME