

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031740 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Meyer B-4

9. WELL NO.

27

10. FIELD AND POOL, OR WILDCAT

Blinebry

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

4-21S-36E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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"/>	
2. NAME OF OPERATOR Continental Oil Company	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 6270' FSL & 660' FEL of Sec. 4, T-21S, R-36E, Lea County, N.M., NMMP	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3545 DF

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.)*

Spudded location 9:30 PM 2-1-65. Ran 40 jts (1222')
8 5/8" OD csg set @ 1235' and cmtd W/350 sx Class "C" cmt
W/8% gel and 2% cacl and 150 sx Class "C" cmt W/ 4% gel and
2% cacl. Cmt. circ. WOC for 24 hours. Tested casing W/800#
for 30 min. Tested OK

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

SIGNED SIGNED: ROBERT GAULT III

TITLE Staff Supervisor

DATE 2-4-65

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

USGS-5, NMOCC-2, PAN AM HOBBS-3, ATL ROS -2, CALIF MID-2

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER