

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYPERMIT IN TRIPLICATE COPY TO U.S.G.S.
(Other Instructions on Reverse Side)

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 ☐		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 0301336</u>
2. NAME OF OPERATOR <u>Continental Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NM 13125</u>
3. ADDRESS OF OPERATOR <u>Box 400, Hobbs, New Mexico</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>1980' F.W.L. and 990' F.W.L. of Sec 29</u>		8. FARM OR LEASE NAME <u>Meyer A-29</u>
14. PERMIT NO.		9. WELL NO. <u>9</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>3540' gr</u>		10. FIELD AND POOL, OR WILDCAT <u>Galveston Yates</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 29, T-22S R-30E</u>
		12. COUNTY OR PARISH 13. STATE <u>Lea</u> <u>N.M.</u>

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) ☒

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting 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 7-28-71. Drilled to 405'. Ran 8 5/8" 20 # casing and set at 405'. Cemented with 250 sacks class C with 290 cc lb. Cement circulated, WOC 24 hours. Tested 8 5/8" csg to 1000 psi for 30 minutes. Held O.K.

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

SIGNED [Signature]TITLE Admin. SupervisorDATE 8-3-71

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

USGS (5)

NMFU(4) File

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

RECEIVED

AUG 1 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**