

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions  
verse side)Form approved.  
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.  
**LC 032573(6)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**ELLIOTT B-17**

9. WELL NO.

**2**

10. FIELD AND POOL, OR WILDCAT

**DRINEARD**11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA**SEC. 17, T-22S, R-37E**

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 ☒ 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**330' FNL E 330' FNL OF SEC. 17**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**3395' GR.**

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 PROD. CSG.**

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

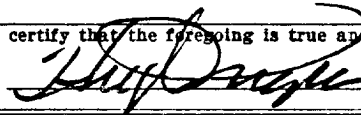
(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

**SET 5 1/2" 15.5# K.55 CSG. @ 6650' (TD) W/ 750 sks.**  
**Class "C" Cmt. in two stages. Plug down 11-4-74.**  
**Top of Cmt. @ 2200'.**

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

SIGNED



TITLE

**Sr. Analyst**

DATE

**11-6-74**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMFS-4, File

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

NOV 7 1974

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO