

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

E-
re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 032573(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 & 330' FEL OF SEC. 17

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ELLIOTT B-17

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

DRINKARD

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

SEC. 17, T-22S, R-37E

14. PERMIT NO.

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

3396' GR. (EST.)

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 ☐

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 11" hole on 10-21-74. Drilled to 1150'
& set 8 5/8" 24# casing @ 1150' w/600 sks. Class
"C" cement. Cement Circ. Tested csq w/500#, held
ok.

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

SIGNED

[Signature]

TITLE

SR. ANALYST

DATE

10-22-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

USGS-5, NMFL-4, File

ACCEPTED FOR RECORD

OCT 22 1974

U.S. GEOLOGICAL SURVEY
BOSTON, NEW HAMPSHIRE