

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 068848

6. IF INDIAN, ALLOTTEE OR TRIBAL NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MARSHALL

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

CRUZ DELMAR

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

SEC. 19, T. 23S, R. 33E

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

990' FNL & 1980' FEL OF SEC. 19

14. PERMIT NO.

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

3692' GR. (EST.)

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* ☐SET PROD. 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 perti-
nent to this work.)*

Drilled to TD 5250' & set 5 1/2" K-55 14# CSG. @ 5245'
Cemented w/300 sks. Class "C" cmt. TOC 3600'. WOC
18 hrs. Tst'd CSG. to 1000#, held OK. Plug down
11-20-75.

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

SIGNED

TITLE

SR. ANALYST

DATE

11-26-75

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
NOV 23 1975U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

USGS-5. File