

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions o
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-062749(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 Co.
3. ADDRESS OF OPERATOR BOX 460 Hobbs, N.M.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FNL and 1980' FEL of Sec 18
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3232' df

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Thompson 18 Federal
9. WELL NO. 2
10. FIELD AND POOL, OR WILDCAT
Mason Delaware North
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 18, T-26 S, R-32 E
12. COUNTY OR PARISH Lea 13. STATE N. Mexico

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.)*

Perforated w/ 15 spf @ 4387', 89', 91', 4393', 4407', 09', 11', 13' and 4415'. Frac'd down casing w/ 29,000 gals gelled crude and 50,000 # 10/20 sand.

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

SIGNED

TITLE Admin. Supervisor

DATE

9-12-72

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 15 1972

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side