

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 030139 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Lynn B-1

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Jalmat

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

Sec. 26, T-23S, R-36E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

990' FSL AND 990' FWL, SECTION 26, T-23S, R-36E,
LEA COUNTY, NEW MEXICO

14. PERMIT NO.

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

3355' 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) Clean out and install tubing ☒

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.)*

In order to increase its producing rate, it is proposed to clean out the well and run tubing as follows:

1. Kill well with lease crude.
2. Sand pump to 3455'.
3. Run 2 3/8" tubing to 3445'.
4. Pump 1,000 gallons 7 1/2% LTNE and 100 gallons "ADOFOAM" antifoaming agent into casing annulus and shut-in 6 hours.
5. Swab well and return to production.

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

SIGNED

Robert Gault III

TITLE

Staff Supervisor

DATE

10-5-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 PAN AM-Hobbs-2 ATL-Ros-2 CHEV-Mid-2 FILE

APPROVED

*See Instructions on Reverse Side

OCT 6 1967

A. L. BROWN
DISTRICT ENGINEER