

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GICAL SURVEY

SUBMIT IN TRIPLICATE.
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH

13. STATE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Continental Oil Company
3. ADDRESS OF OPERATOR
Box 460, Hobbs, New Mexico 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FNL & 660' FEB of section 28, T-23S, R-36E
in Lea County, New Mexico
14. PERMIT NO.
15. ELEVATIONS (Show whether OF PT OR, etc.)
3450' DF

NMFU
LYNN A (FORMERLY LYNN No. 6)

4

NMFU
Jalisco Pool

Sec. 28, T-23S, R-36E

Lea N. Mex.

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.)

Drilled out cement from 3380' - 3390'. Drilled BP at 3390' and pushed to 3570'. Ran 2 1/2" tubing. Placed on production.

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

SIGNED

M. E. Yeakley

TITLE

Adm. Sec. Chief

DATE

8-11-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5

*See Instructions on Reverse Side

J. L. GORDON
DISTRICT ENGINEER