

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions 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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Lynn B-1
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico	9. WELL NO. 10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FWL of Sec. 26, T-23S, R-36E, Lea County, New Mexico.	10. FIELD AND POOL, OR WILDCAT Langlie Mattix
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 26-23-36
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3367 Gr.	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 to 3725' 11-9-64. Ran 117 jts (3738') of 4 1/2" O.D. casing. Set at 3725'. Cemented W/120 sx 6% gel, salt saturated cement. Used 10 centralizers. Plug down at 5:30 a.m. 11-10-64. Top of cement 2400' by temperature survey. Waited on cement 24 hours. Tested with 1000# for 30 minutes. Tested O.K.

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

SIGNED

TITLE Assistant District Manager DATE 11-11-64

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 16 1964

USGS (5) NMOCC (2) JM

PAN AM - HOBBS (3) ATL-ROS (2) CALIF-HOUS & MID (1) EA

*See Instructions on Reverse Side J. L. GORDON

ACTING DISTRICT ENGINEER