

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions reverse 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. 11	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL Sec. 26, T-23S, R-36E Lea County, New Mexico, NMPM		10. FIELD AND POOL, OR WILDCAT Langlie Mattix	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26-23-36	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3365 DF		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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.)\*

Ran 116 Jts (3732') of 4 1/2" OD csg set @ 3725  
W/225 sx W/4% gel using six centralizers & 12 scratchers. WOC  
24 hours. Top of cmt @ 2400' by temp survey. Test with 800#  
for 30 minutes. Tested O.K.

APPROVED

FEB 5 1965

J. L. GORDON

ACTING DISTRICT ENGINEER

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

SIGNED SIGNED ROBERT CAULT IIITITLE Staff SupervisorDATE 2-3-65

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

USGS-5 NOMOCC 2 JM PAN AM HOBBS-3, ATL ROS-2, CALIF. HOUS &amp; MID - 1 EACH

\*See Instructions on Reverse Side