

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT 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.

11

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

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

26-23-36

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

## 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"/>	
2. NAME OF OPERATOR Continental Oil Company	
3. ADDRESS OF OPERATOR 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 1980' FSL & 1980' FWL of Sec. 26, T-23S, R-36E, Lea County, New Mexico, NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3367 (est) GR

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

Spudded location 7:30 PM 1-21-65. Ran 10 Jts (303')  
of 7 5/8" H-40 casing set @ 315' W/250 sx Class "A" cement W/2%  
gel and 2% Cacl. Used 3 centralizers. Cement circ, WOC 24 hours,  
tested with 800# for 30 min. Tested O.K.

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

SIGNED SIGNED ROBERT CALHOUN TITLE Staff Supervisor DATE 1-25-65

(This space for Federal or State office use)

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

USGS-5, NMOCC-2 JM PAN AM HOBBS 3, ATL ROS-2, CALIF MID AND WELLS 1 Ea.

\*See Instructions on Reverse Side JAN 26 1965

APPROVED  
J. L. GORDON  
ACTING DISTRICT ENGINEER