

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions
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.)

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 P.O. Box 460, Hobbs, New Mexico		9. WELL NO. 12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL of Sec. 26, T-23, 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 Sec. 26-T-23, R-36	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3354 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:		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.)*

Ran 118 Jts (3682') 4 1/2" csg. set @ 3675 W/200
sx Class "C" cmt W/4% gel using 11# salt/sack. Used 6 centralizers
and 12 scratchers. WOC 24 hours. Top of cmt @ 2550 by temp. survey.
Tested for 30 min with 1,000#. Tested O.K.

APPROVED

MAR 3 1965

J. L. GORDON
ACTING DISTRICT ENGINEER

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

SIGNED	SIGNED: ROBERT GAULT III	TITLE	Staff Supervisor	DATE	3-1-65
(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-2

*See Instructions on Reverse Side