Form (May	1963)	UNITED STATES TME' OF THE INTERIC		Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.			
		GEOLJGICAL SURVEY	$\gamma_{ij} > \gamma_{ij} = \gamma_{ij} = \gamma_{ij}$	LC 030139 b			
		ICES AND REPORTS Of sals to drill or to deepen or plug back ation FOR PERMIT—" for such projections.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
1.		7. UNIT AGREEMENT NAME					
W.	ELL X GAS OTHER	NMFU					
2. N	AME OF OPERATOR		8. FARM OR LEASE NAME				
С	ontinental Oil Co		Lynn B-1				
3. Al	DDRESS OF OPERATOR		9. WELL NO.				
В	lox 460, Hobbs, Ne	w Mexico		13			
4. Lo	OCATION OF WELL (Report location c ee also space 17 below.) t surface	NMFU Field Langlie Mattix Pool					
1	.980' FSL & 660' F	11. SEC., T., R., M., OR BLE. AND					
	Lea County, New Me	S-26, T-23S, R-36E					
14. P	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		T, GR, etc.)	12. COUNTY OR PARISH 13. STATE			
	3349' DF			Lea = N. Mex.			
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data						
	NOTICE OF INTER	TION TO:	SUBSEQUENT REPORT OF:				
	TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL			
:	FRACTUBE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING			
	SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*			
1	REPAIR WELL	CHANGE PLANS	(Other)				
	(Other)  (Note: Report results of multiple completion on We Completion or Recompletion Report and Log form.)						
17. D	ESCRIBE PROPOSED OR COMPLETED OF proposed work. If well is directionent to this work.) *	RATIONS (Clearly state all pertinent onally drilled, give subsurface location	details, and give pertinent dates, ns and measured and true vertica	including estimated date of starting any l depths for all markers and sones perti-			
	Drilled to 3684; casing set @ 3684 and salt saturate	T.D. on 6-8-65. R '. Cemented w/200 d (376 cu. ft. slu lug down @ 9:20 P. ure survey. Teste	sx Class "C" cer rry). Used 7 cer M. 6-8-65. Top c	nent w/4% gel = = = = = = = = = = = = = = = = = = =			

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8. I hereby certify that the foregoing is true and	COFFECT TITLE	Staff Supervisor	DATH	6-16-65
(This space for Federal or State office use)			- 4	
APPROVED BY	TITLE	<u>ث</u> 	DATE	

USGS-5 NMOCC-2 LPT Pan Am-Hbs-3, Atl-Ros-2, Calif-Mid-2

\*See Instructions on Reverse Side

APPROVED L