

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(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.

14

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix Pool

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

26 - 23S - 36E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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' FNL & 1980' FWL, Section 26, Township 23-S Range 36E, Lea County, New Mexico, NMPM.	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3350 Est DF

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.)*

Roy H. Smith Drilling Company spudded subject well
@ 10:30 P.M. 9-21-65. Ran 10 Jts. of 7-5/8" casing. Casing
set @ 319'. Cemented W/250 sx Class "A" cement W/2° cal chl.
Cmt circ. WOC for 24 hours. Tested with 800# for 30 minutes.
Tested O.K.

APPROVED

SEP 27 1965

J. L. GORDON

ACTING DISTRICT ENGINEER

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

SIGNED

W. R. Stephens

TITLE

Staff Supervisor

DATE 9-24-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMOCC-2, LPT, PAN AM HOBBS-3, ATL ROS-2, CALIF MID -2

*See Instructions on Reverse Side