Form:	9 - 331
May	1963

(Other)

TRIPLICATE.	Form approved.			
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1.5	THESE DESIGNATION AND SE			

- May 1963	UNITED STATES SUBMIT IN TRIPLICATES  DEPARTM! OF THE INTERIOR verse side.	Form approved. Budget Bureau No.
	GEOLOGICAL SURVEY	LC 030139 b
	SUNDRY NOTICES AND REPORTS ON WELLS  e this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "Approal" (Or PERMAN Cor such proposals.)	6. IF INDIAN, ALLOTTEE OR THE
1.		7. UNIT AGREEMENT NAME
	AS OTHER	NMFU
2. NAME OF OPERA		8. FARM OR LEASE NAME
Contin	ental Oil Company	Lynn B-1
3. Address of off	ERATOR	9. WELL NO.
the arm space.	O, Hobbs, New Mexico (Report location clearly and in accordance with any State requirements.)  1980 FSL & 660' FWL of Section 26, T-23S,	15 10 FIELD AND POOL OF WILDCAT NMFU Field Langlie Mattix Multi
Range	36 E., Lea County, New Mexico, NMPM	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA ZOT
		S. 26-23S-R-36E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)  3370 DF	Lea N.M.
16.	Check Appropriate Roy To Indicate Nature of Notice Passet of C	Ishar Data

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSCOUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE ALTERING CASING FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACIDIZING ABANDONMENT\* REPAIR WELL CHANGE PLANS

(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.)\*

Drilled to TD 3710' (Dolo & Sd) Ran Density log, Focus-2800' GR Sonic 3704. Surface focus 3704-2800'. Ran 115 jts 4 1/2" OD 95# J-55 casing. Set at 3710' W/6 cent. 12 scratchers. Cemented W/100 sx Class "C" Cement W/4% gel salt sat. Plug at 3708. Top of cement 2400'. Plug down 10:20 P.M. 10-10-65. W.O.C. 24 hrs. Tested W/1,000 for 30 mins. Tested O.K.

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18. I hereby certify that the foregoing is true and correct				
SIGNED Hal R. Styphens	TITLE _	Staff Su	pervisor	DATE 10-20-65
(This space for Federal or State office use)	<del></del>			
APPROVED BYCONDITIONS OF APPROVAL. IF ANY:	TITLE _			APSBAVED

USGS-5, PAN AM -3, ATL ROS -2 CALIF MID -2 FILE-2 \*See Instructions on Reverse Side