

UNITED STATES
DEPARTMENT OF THE INTERIORSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-030163 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Green 5-1

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Scarborough - Yates

Green 5-1

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

Sec. 30 T-26S R-37E

12. COUNTY OR PARISH

Lea

13. STATE

N.Mex.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

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. 30

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

2,944' 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 ☐

Repair Casing

X

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.)*

It is proposed to repair casing in this well by the following procedure: locate leak by pressure testing casing. Set BP below leak w/10' sand entry, and grout above leak, squeeze casing with class "C" cement. Drill out plug and pressure test casing. Place well back on production

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

SIGNED

Robert Gault

TITLE

Division Office Manager

DATE

2-5-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
FEB 7 1974

DATE

OAK

*See Instructions on Reverse Side

ARTHUR R. BROWN
DISTRICT ENGINEER

USGS-5, NMFU-4, File