

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

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 TO DRILL" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME FAVES "B" 1
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico 88240	9. WELL NO. 14
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 460' FNL of Sec. 31, T-26S, R-37E in Lea County, New Mexico	10. FIELD AND POOL, OR WILDCAT SEABOARD VATES SEVEN RIVERS
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 31, T-26S, R-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2930 DF (Leat.)	12. COUNTY OR PARISH Lea
	13. STATE N. Mex.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

(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.)

Spudded 6-28-69 and drilled 12 1/4" hole, at 8 5/8", 24", J-55 casing at 500'. Cemented w/175 sacks of class "H" cement. Circulated cement to surface. WOC 24 hours. Pressured casing to 1000 # for 30 minutes. Tested. O.K.

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

SIGNED

Robert Gault

TITLE

Administrative Section Chief

DATE

7-1-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

USGS-5, *Paul Am Hobbs*, *Attn: Rick Pres 2, Chas. Mid 2, Files* JUL 3 1969

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER