

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030167 (a)

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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME McCullister "A"
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL + 330' FEL of Sec. 24, T-26S, R-36E Lea County, N. M.	10. FIELD AND POOL, OR WILDCAT Lea County, N. M.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 2940 DF
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-26S, R-36E
	12. COUNTY OR PARISH Lea
	13. STATE N. M.

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.)

Drilled out of 8 5/8" casing with a 7 1/2" bit to 3236'. Set 5 1/2" 14# Cond. "A" casing at 3236'. Cemented w/100 ss class "C", W.P.C. 24 hrs. 2 in. of cement behind casing 2000'. Tested casing w/1500# for 30 min. Held OK.

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

SIGNED

M. E. [Signature]

TITLE

Adm. Supervisor

DATE

12-11-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 FILE

NMFL (4)

*See Instructions on Reverse Side