

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

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 ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

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.

7. UNIT AGREEMENT NAME

nmll

8. FARM OR LEASE NAME

McCallister "A"

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Bookermyer Unit 7-Kenn

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

Sec. 24, T-26S, R-36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, CR, etc.)

Est DF 2952'

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 perti-
nent to this work.)

This well was spudded 12-2-70.
Drilled 12 1/4" hole to 503' and set
8 5/8" 20th casg. cemented with 250 sb
Class "C" cement w/4 PC gel and 100 sb
Class "C", W/2 PC Ccl₂. W.O.C. 24 hrs.
Cement cure. Tested casing with 1000#
for 30. min. Held O.K.

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

SIGNED

[Signature]

TITLE Adm. Supervisor

DATE 12-3-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 FILE

nmll Patrus (4) *See Instructions on Reverse Side