

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLY
(Other instructions
reverse side)

"B"
re-

FORM APPROVED
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-062749(C)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tompson 18 Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

North Mason Delaware

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

Sec 18, T-26S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

660' FSL and 1980' FWL of Sec 18

14. PERMIT NO.

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

3221' gn

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.)

Squeeze perfs
Set Cement retainer at $\pm 4150'$
Squeeze perfs 4364-82' w/ 150 socks class
C Cement. WOC 24 hours and drill
out retainer and cement to 4439'

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

SIGNED

Robert Gault

TITLE Admin. Supervisor

DATE

6-7-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

JUN 11 1973

DATE

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side