

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R142

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Continental oil Co.</i>	8. FARM OR LEASE NAME <i>Thompson 18 Federal</i>
3. ADDRESS OF OPERATOR <i>Box 460 Hobbs, N. Mexico</i>	9. WELL NO. <i>3</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>660' FSL and 1980' FWL of Sec 18</i>	10. FIELD AND POOL, OR WILDCAT <i>North Mason Delaware</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 18, T-26S R-32E</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N. Mexico</i>

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.)*

Set 5 1/2", 14 # casing at 4480'. Cemented w/ 300 sacks class C cement. Top of cement at 2560'. PBD @ 4453'.

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

SIGNED

Robert Gault

TITLE

Admin Supervisor

DATE

1-17-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JAN 22 1973

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side