

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

7E
re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03889

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

660' FNL & 660' FEL of Sec. 12

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Windsorly 12

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Triple X Delaware

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

12

Sec. 12, T-24S R-32E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mex.

14. PERMIT NO.

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

3597' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Setting Production String X

(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 5038'. Cemented with 400 sacks Class C cement. P.B.R. at 5,017'. T.O.C. by survey at 3,150'.

ILLEGIBLE

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

SIGNED

TITLE

Alternate for
Division Office Manager

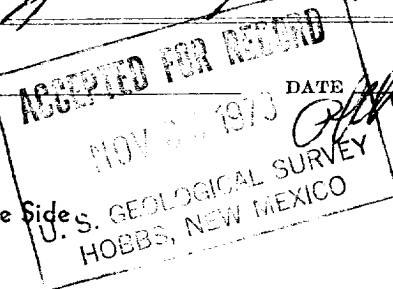
DATE 11-28-73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

USGS-5-File