

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

5. LEASE DESIGNATION AND SERIAL NO.

N.M. 02889

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wimberly 12

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Trigale X
Trigale X Rehorne11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

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

12. COUNTY OR PARISH 13. STATE

Lea

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.)1750' FNL & 660' FEL of Sec. 12
below

14. PERMIT NO.

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

3570' BR

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.)*

Spudded 12 1/4" hole on 6-28-73. Drilled to 422'
and set 8 5/8", 20 # casing • Cemented w/ 225 sacks
Class C Cement. Cement circulated. W.O.C. 18
hours and tested casing w/ 1000 psi for 30 minutes;
held o.k.

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

SIGNED

TITLE Admin. Supervisor

DATE

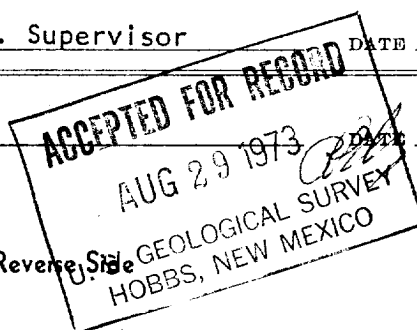
8-24-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side