

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions, reverse side)Form approved,
Budget Bureau No. 42-21424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 068251 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to re-open 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

Box 460, HOBBS, N. M. 88240

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

1650' FN & WL of Sec. 30

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

RUSSELL 30 FEDERAL

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

NORTH MAIN DELAWARE

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

Sec. 30, T. 26 S., R. 32 E

12. PERMIT NO.

13. ELEVATIONS (Show whether OP, RT, GR, etc.)

3150' GR.

12. COUNTY OR PARISH

LEA

13. STATE

N. M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

☐

ALTERING CASING

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

(Other)

(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.) *

Spudded 12 1/4" hole on 8-6-74. Set 8 5/8" casing @ 410'.
Cemented with 210 sks Class C cement. Cement
circulated to str. Tested csq w/1000#, hold ok.

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

SIGNED

TITLE

Sr. Analyst

DATE

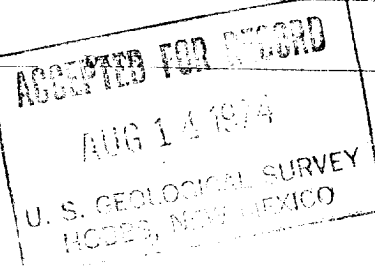
8-8-74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

USGS (P) File