

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 ☐		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>CONTINENTAL OIL COMPANY</i>		8. FARM OR LEASE NAME <i>RUSSELL 30 FEDERAL</i>
3. ADDRESS OF OPERATOR <i>Box 460, HOBBS, N. M. 88240</i>		9. WELL NO. <i>6</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1650' FNL & 2310' FEL OF SEC. 30</i>		10. FIELD AND POOL, OR WILDCAT <i>NORTH MASON DELAWARE</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, HP, GR, etc.) <i>3135' GR. (EST.)</i>	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <i>SEC. 30, T-26S, R-32E</i>
		12. COUNTY OR PARISH <i>LEA</i>
		13. STATE <i>N.M.</i>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <i>EXTENSION OF COMMENCEMENT</i> ☒	
(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.)*

Due to the unavailability of a drilling rig, we respectfully request an extension of 60 days in which to commence drilling this well.

APR 25 1975

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

SIGNED *[Signature]* TITLE *SR. ANALYST* DATE *2-6-75*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

1565/5, NMFU-4, File