

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR CONTINENTAL Oil Company	8. FARM OR LEASE NAME RUSSELL 30 FEDERAL
3. ADDRESS OF OPERATOR Box 460, HOBBS, N.M. 88240	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 2310' FEL OF SEC. 30	10. FIELD AND POOL, OR WILDCAT NORTH MASON DELAWARE
14. PERMIT NO.	11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-26S, R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3143' GR. (EST.)	12. COUNTY OR PARISH LEA
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	SET SURFACE CSG.	<input type="checkbox"/>

(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 11-30-75. Drilled to 1340' & set 8 5/8" 24# K-55 CSG. @ 1340'. Cemented w/670 sks. Class "C" cmt. Cmt. Circ. to sfc. Plug down 12-3-75. WOC 18 hrs. Tested w/1000#, held ok.

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

SIGNED [Signature] TITLE SR. ANALYST DATE 12-5-75

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

FOR RECORD  
12/5/75  
GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

1565-5, File