

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

COPY TO O. C. G.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME JACK B-17	
3. ADDRESS OF OPERATOR Box 460 Hobbs, New Mexico 88240		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990 FNL : 990' FEL OF Sec. 17.		10. FIELD AND POOL, OR WILDCAT Jalmar Gas	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3281' DF	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T-24S, R-37E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

## 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Clean out</u>	<input checked="" 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.)\*

This well was cleaned out using the following procedure on 12-12-73.

Pulled tubing and cleaned out to 3050' using stable foam equipment. Ran 2 3/8" tubing and placed well back on production.

Test prior to work 300 MCF per day

Test following work 1,400 MCF per day

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

SIGNED

Administrative Supervisor

DATE

2-1-74

(This space for Federal or State office use)

APPROVED BY

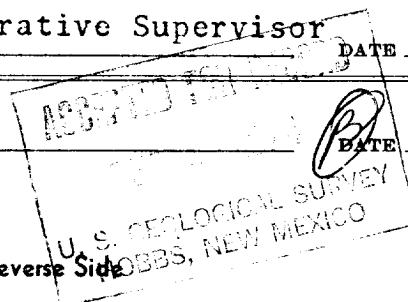
CONDITIONS OF APPROVAL, IF ANY:

TITLE

USGS(5) FILE

NMFD 4

\*See Instructions on Reverse Side



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FEB 10 1964  
U.S. DEPARTMENT OF COMMERCE  
WASHINGTON, D.C.