Form 9-331
(May 1963)

UNI J STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions o.. 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

2. NAME OF OPERATOR: Continental Oil Co.

3. ADDRESS OF OPERATOR: Box 460 Hobbs, N. Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 990' FNL and 990' FEL of Sec 17

5. LEASE DESIGNATION AND SERIAL NO.: NM-0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Jack B-17

9. WELL NO.: 3

10. FIELD AND POOL, OR WILDCAT: Jalmat Yates Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 17, T-24S, R-37E

12. COUNTY OR PARISH: Lea

13. STATE: N. Mexico

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3281'

16. 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) Clean out well	☒		

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.) *

Check for fill. If fill is found, clean out with foam to TD (3050'). Blow foam out with air and place back on production.

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

SIGNED Robert Gault III TITLE Admin Supervisor DATE 1-16-73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JAN 17 1973
J L GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS — 5 NMFU-11 File