

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instruction on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032326(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Langlie Jack Unit
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Langlie Jack Unit
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 15
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL + 660' FEL, Sec. 20, T-24S, R-37E, Lea Co., N.M.	10. FIELD AND POOL, OR WILDCAT Langlie Mottled 7-Flow Area
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3264' DJ
	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:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Work Done:

Isolated open hole (3490-3586) w/20,000
gal. prod. gelled w/ 40# "adomite aqua"
and 40# guar per 1000 gal + 30,000#
10-20 sand. Then pumped 1 drum TH-763
mixed in 10 bbls w/te followed w/60 bbl
w/te.
Ran prod. equipment and placed well
back on prod.

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

SIGNED

M. E. Peckley

TITLE

Administrative Asst.

DATE 2-8-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) NMFH (4) File

TITLE

DATE

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO