

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 032226 (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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                 | 7. UNIT AGREEMENT NAME<br>Langlie Jack Unit                               |
| 2. NAME OF OPERATOR<br>Continental Oil Company                                                                                                                                                                   | 8. FARM OR LEASE NAME<br>Langlie Jack Unit                                |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 460, Hobbs, N.M.                                                                                                                                                              | 9. WELL NO.<br>15                                                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>660' FSL & 660' FEL, Sec. 20, T-24S, R-37E<br>Lea County, New Mexico. | 10. FIELD AND POOL, OR WILDCAT<br>Langlie - Mixed                         |
| 14. PERMIT NO.                                                                                                                                                                                                   | 15. ELEVATIONS (Show whether DF, RI, CR, etc.)<br>3264' DF                |
|                                                                                                                                                                                                                  | 11. SEC., T., R., M., OR B.M. AND SURVEY OR AREA<br>Sec. 20, T-24S, R-37E |
|                                                                                                                                                                                                                  | 12. COUNTY OR PARISH<br>Lea                                               |
|                                                                                                                                                                                                                  | 13. STATE<br>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 checked="" type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input checked="" 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) <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.)\*

It is proposed to treat w/gelled water-sand frac. 20,000 gal prod. wtr. w/25# "Absolute Aqua" and 40# Duco(gal) per 1000 gal and 30,000# 10-20 sand. Follow frac. w/total of 35 BW. Then pump in 1 drum United TH 763 mixed in 10 BW. Re-run prod. equipment and place on production.

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

SIGNED

*M. E. Beckley*

TITLE

Administrative Supervisor

DATE 12-30-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS (5)

File

TITLE

APPROVED

DEC 31 1970

\*See Instructions on Reverse Side