

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
verse 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 ☐	5. LEASE DESIGNATION AND SERIAL NO. NM 7486
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 460, HOBBS, N.M. 88240	7. UNIT AGREEMENT NAME NM-FU
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL of Sec. 20	8. FARM OR LEASE NAME JACK A-20
	9. WELL NO. 4
	10. FIELD AND POOL, OR WILDCAT TALMAT GAS
	11. SEC., T., R., & BLK. AND SURVEY OR AREA Sec. 20, T-26S, R-37E
14. PERMIT NO.	12. COUNTY OR PARISH LEA
15. ELEVATIONS (Show whether DV, RT, GR, etc.) 3280' DF	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 ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(Other) **Squeeze Talmat Gas Zone** ☒
(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.) *

Squeezed perfs 2936'-3135' with 150 sacks Class "C" Cement. Drilled out cement retainer and cement from 2930'-3141'. Tested perfs to 600# for 1/2 hr. Held OK. Ran 117 joints 2 3/8" tubing & set @ 3485' & placed lower zone back on production (Langlie Jack Unit Well No. 8).

Workover started 1-20-75, completed 1-27-75

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

SIGNED *[Signature]*TITLE SR. ANALYSTDATE 2-25-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

MAR - 3 1975

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

SGS-8, NM-FU-4, File