

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <i>NM-7486</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>LC 032326(a)</i>
3. ADDRESS OF OPERATOR <i>Box 460 Hobbs, New Mexico</i>	7. UNIT AGREEMENT NAME <i>Longlie Jack</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FNL and 1980' FEL of Sec 20</i>	8. FARM OR LEASE NAME <i>Longlie Jack Unit</i>
14. PERMIT NO.	9. WELL NO. <i>8</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3280' df</i>	10. FIELD AND POOL, OR WILDCAT <i>Longlie Marley 7 Rivers</i>
	11. SEC., T., R., M., OR BKG. AND SURVEY OR AREA <i>Sec 20, T-24S, R-37E</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N.Mex</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) \*

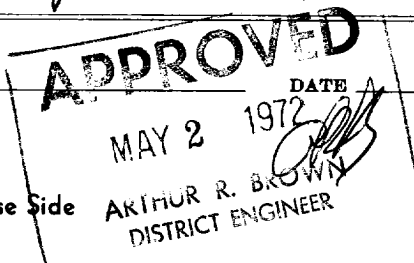
*Set packer at  $\pm$  3403'. Frac w/ 15,000 gals fresh water and 30,000 # 20/40 sand.*

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

SIGNED *[Signature]* TITLE *Admin. Supervisor* DATE *5-1-72*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

*156555 NMFC(4) File*

RECEIVED

MAY 9 1972

OIL CONSERVATION COMM.  
HOBBS, N. M.