

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Jack B-26

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

NMFU Field
Devonian Pool (Wildcat)11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

26-24-37

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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"/>	
2. NAME OF OPERATOR Continental Oil Company	
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, New Mexico	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FWL of Sec. 26, T-24S, R-37E, Lea County, New Mexico, NMPM.	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3250 DF (Est)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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.)*

Ran 10 Jts (296') 13 3/8" 48# csg set @ 309' W/225 sx Class "C"
cement W/4% gel and 2% Cacl. Used three centralizers and circ. cement.
Plug down @ 9:15 A.M. 12-29-64. WOC 24 hours. Tested csg W/1000#
for 30 min. Tested O.K.

APPROVED

JAN

J. L. GORDON

ACTING DISTRICT ENGINEER

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

SIGNED SIGNED: ROBERT GAULT III

TITLE Staff Supervisor

DATE 1-5-65

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5, NMOCC-2 JM PAN HOBBS-3, ATL-ROS -2, CALIF HOUS & MID -1 each

*See Instructions on Reverse Side