

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on re-  
verse side)

Form approved.  
Bureau Order No. 42-R1424.

**SUNDY 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>LC 932582 (b)</b>
2. NAME OF OPERATOR <b>Continental Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 460, Hobbs, New Mexico 88240</b>		7. UNIT AGREEMENT NAME <b>NMEV</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>660' FNL &amp; 1650' FWL, Sec. 1, T-25S, R-36E, Lea County, New Mexico.</b>		8. FARM OR LEASE NAME <b>Wells B-1</b>
14. PERMIT NO.		9. WELL NO. <b>3</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3252 GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Lagelle Mattix Pool</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 1, T-25S, R-36E</b>
		12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>N.M.</b>

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 type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input 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) <b>PB and Test</b> <input checked="" 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.) \*

This is a subsequent report of work approved March 24, 1965.

Cement plugs were set as follows:

60 sx.	13,050-12,950
60 sx.	11,350-11,250
60 sx.	10,280-10,180
60 sx.	8,850- 8,450
60 sx.	4,720- 4,620

Plugged back depth 4620'. Hole was fill between plugs with mud.  
Well was temporarily shut in pending further study.

Work commenced 3-24-65. Completed 3-25-65.

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

SIGNED *James R. Stark* TITLE Supervising Engineer **APPROVED 8-16-67**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 ATL-Ros-2 CHEV-Mid-2 PAN AM-Hobbs-2 FILE **AUG 21 1967**  
**A. M. BROWN**  
DISTRICT ENGINEER

\*See Instructions on Reverse Side