

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0321613

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface660' FSL + 1650 FNL, Sec. 26, T-24S, R-37E
in Lea County New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3200 DF (EST)

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

JACK B-26

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Justis BLINEbry

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 26, T-24S, R-37E

12. COUNTY OR PARISH 13. STATE

LEA NEW Mex.

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) Commence Drilling Ops

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 perti-
nent to this work.)

This well was spudded 6-7-69. Drilled 11" hole
to 980' & set 8 5/8" 24# J-55 casing to 979'.
Cemented casing with 450 sacks cement.
Cement circulated - Pressured casing to 1000#
for 30 minutes. Tested O.K. WOC 24 hours.

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

SIGNED

M. E. Yeakley

TITLE Administrative Section Chief

DATE 6-10-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

USGS-5/ File

*See Instructions on Reverse Side

JUN 12 1969

J. L. GORDON
ACTING DISTRICT ENGINEER