

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

*N M 74-86*

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  
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

*760' FSL & 1,880' FEL of Sec. 20*

14. PERMIT NO.

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

*3,266' BR*

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

*Jack Co-20*

9. WELL NO.

*10*

10. FIELD AND POOL, OR WILDCAT

*Gulmat Water Pool*11. SEC., T., R., M. OR BLK. AND  
SURVEY OR AREA*Sec. 20, T-24S, R-37E*

12. COUNTY OR PARISH

*Lea*

13. STATE

*N. 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)

*Setting Production String* ☒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.)\*

*Set 5 1/2" 15.5 # casing at 2,880'. Cemented with 200 sacks Class "C" cement. PBD @ 2,847'; T.O.C. by survey at 1,100'.*

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

SIGNED

*S. K. Smith*

TITLE

*Alternate For*  
Division Office Manager

DATE

*7-25-74*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side

*USGS-5, NM 74-4, F.10-*