

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

MIN-18321

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, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1720' FSL & 1510' FWL

14. PERMIT NO.

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

7130' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CONOCO 29-4

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

BASIS DAKOTA

11. SEC., T., R., OR BLE. AND
SURVEY OR AREA

Sec 22, T-29N, R-4W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

NM

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) *Temporary Abandon*

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.)*

Status of Well: *Temporarily Abandoned*

Approximate date that temp. aban. commenced: *2-28-74*

Reason for temp. aban.: *Tested Non-Commercial After Completion*

Future plans for well: *EVALUATE FOR PERMANENT ABANDONMENT*

APPROVED FOR A PERIOD
NOT TO EXCEED 1 YEAR.

TEMPORARY ABANDONMENT
EXPIRES *12-31-76*

INT. CON. COM.
DIST. 3

Approximate date of future W. O. or plugging: *6-1-76*

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

SIGNED *B. Pellegrini*

TITLE *Asst. Staff Asst.*

DATE *11-6-75*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4565(51) File

*See Instructions on Reverse Side