

1. WELL TYPE:  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: 13451 FNLG 2,615' FEL T, SEC. 25

14. PERMIT NO. \_\_\_\_\_

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4015' GR

5. LEASE DESIGNATION AND SERIAL NO.: LC-052697 C7

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME: Pool B

9. WELL NO.: 1 (MCA-130)

10. FIELD AND POOL, OR WILDCAT: Marshall Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 25 T-175 R-32E

12. COUNTY OR PARISH: Lea

13. STATE: NM

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut In</u>	

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.)

Status of Well: Shut in

Approximate date that temp. aban. commenced: 8-1-64

Reason for temp. aban.: uneconomic

Future plans for Well: recompleted as Grayburg producer, MCA #130, on 10-16-'74

Upper zone in a dual completion

This approval of temporary abandonment expires Dec 1, 1975

Approximate date of future W. O. or plugging: Zone P&A Oct., 1974

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

SIGNED: Robert [Signature] TITLE: Division Office Manager DATE: 10/30/74

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

**APPROVED**