

UNITED STATES
DEPARTMENT OF THE INTERIOR

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

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-031621 (E)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Smith A-6

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

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

Sec. 6, T-20S, R-37E

12. COUNTY OR PARISH

Rea

13. STATE

NM

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

2310' FSL & 660' FWL of Sec. 6

14. PERMIT NO.

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

3575' DF

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)

Shut in
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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: 7-1-72

Reason for temp. aban.: Uneconomic

Future plans for Well: Remedial and recompletion prospects will be evaluated

Approximate date of future W. O. or plugging: 4TH QTR. 1975

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

SIGNED

TITLE

Division Office Manager

DATE

10/1/72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-5, NMFH-4, F-10

NOV 6 1974
JIM SIMS
ACTING DISTRICT ENGINEER