

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**LC-031670 (b)**

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

7. UNIT AGREEMENT NAME  
**SEMU**

2. NAME OF OPERATOR  
**Continental Oil Company**

8. FARM OR LEASE NAME  
**SEMU McKee**

3. ADDRESS OF OPERATOR  
**P. O. Box 460, Hobbs, New Mexico 88240**

9. WELL NO.  
**62**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**1980' FSL + 1980' FWL of Sec. 20**

10. FIELD AND POOL, OR WILDCAT  
**Wagon McKee**

11. SEC., T., R. M., OR BLK. AND SURVEY OR AREA  
**Sec. 20, T-20S, R-38E**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3549' DF**

12. COUNTY OR PARISH  
**Lea**

13. STATE  
**NM**

18. 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**

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.)\*

Status of Well: **Shut**  
Approximate date that temp. aban. commenced: **3-10-74**  
Reason for temp. aban.: **Uneconomic**  
Future plans for Well: **Holding for secondary recovery operations.**

*Dec 4/77*

Approximate date of future W. O. or plugging: **Fall 1976**

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

SIGNED [Signature] TITLE Division Office Manager DATE [Date]

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

*[Signature]*