

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC-031740 (6)

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

5940' FSL & 1980' FNL of Sec. 4

14. PERMIT NO.

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

3553' DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Meyer B-9

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Evansia Merriam (B-SA)

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

Sec. 4, T-213, R-36 E

12. COUNTY OR PARISH | 13. STATE

Lea | 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)

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 in  
Approximate date that temp. aban. commenced: 6-1-64  
Reason for temp. aban.: uneconomical  
Future plans for Well:

**HOLDING FOR SECONDARY RECOVERY**

This is a copy of the secondary recovery report  
Date: Dec 4, 1975

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

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

SIGNED Robert T. Judd III 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**

USGS-5, NMEH-A, File

\*See Instructions on Reverse Side

NOV 5 1974  
Jim Sims  
JIM SIMS  
ACTING DISTRICT ENGINEER