

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-200000-6
2. NAME OF OPERATOR Continental Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A - 21644
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL + 990' FEL of Sec. 26	8. FARM OR LEASE NAME Lynn B-1
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3364' DF	10. FIELD AND POOL, OR WILDCAT Galimat Water
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-23S, R-36E
	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: 11-1-66

Reason for temp. aban.: mechanical

Future plans for Well:

STUDY FOR REMEDIAL

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

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

SIGNED

Robert H. H. H.

TITLE

Division Office Manager

DATE

10/30/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

USGS-5

NMFU(4) file

*See Instructions on Reverse Side

NOV 4 1974
JIM SIMS
ACTING DISTRICT ENGINEER