

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.

NM-1151

6. IF INDIAN, ALIOTTEE 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 Dual Completion

2. NAME OF OPERATOR Continental Oil Company

3. ADDRESS OF OPERATOR BOX 460 Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface
1650' FNL and 330' FEL of Sec 10

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3598' df

8. FARM OR LEASE NAME

Sanderson B-1

9. WELL NO.

2

10. FIELD AND POOL, WILDCAT
Eumont Gas and Monument oil

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

Sec 10, T-205, R-36E

12. COUNTY OR PARISH

Lee

13. STATE

N. Mex

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Setting 1/2" plug

(Other)

(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.)

The Monument oil zone was abandoned but not permanently plugged with a tubing bridge plug. Work done as follows: Set tubing plug at 3672'. Perforated tubing at 3576' and placed Eumont gas zone on production.

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

SIGNED

M. E. Yeakley

TITLE

Admin. Supervisor

DATE

10-27-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: