

(May 1963)

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-031621 (W)

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
2. NAME OF OPERATOR	NMFL
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
Continental Oil Company	Britt A-6
9. WELL NO.	3
10. FIELD AND POOL, OR WILDCAT	Monument Blinckey
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec. 6, T-20S, R-37E
12. COUNTY OR PARISH	13. STATE
14. PERMIT NO.	LEA NM
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	
3575' DF	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	FULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☒
(Other) Shut In			

(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: 7-1-72

Reason for temp. aban.: Uneconomic

Future plans for well:

Study for remedial or recompletion work

This approval of well abandonment expires DEC 1 1976

Approximate date of future W. O. or plugging: 4th Qtr. 1976

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

SIGNED *B. D. [Signature]*

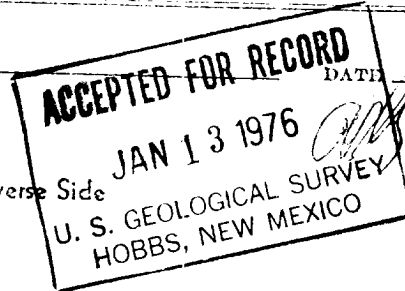
TITLE *S. Staff [Signature]*

DATE 12-7-75

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side

USGS (5) NMFL (4) File