

irm 9-331
May 1965

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
DESIGNATION AND SERIAL NO.

5. L

LC-031621(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.)

RECEIVED
NOV 1 1974

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
660' FNL & 1650' FWL of Sec. 8

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3565' OF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Brith B-8

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Monument Padlock

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 8 T. 20S R. 37E

12. COUNTY OR PARISH
Rea

13. STATE
NM

16.

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

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Shut in

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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 perti-
nent to this work.)
Status of Well: Shut in
Approximate date that temp. aban. commenced: 2-10-70
Reason for temp. aban.: Uneconomical
Future plans for Well:
STUDY FOR REMEDIAL WORK

This approval of temporary
and permanent status
Dec 1975

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

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

SIGNED

(This space for Federal or State office use)

TITLE Division Office Manager

DATE

10/30/74

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DATE

NOV 6 1974

JIM SIMS
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side