

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

*NM-13125*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

*Meyer A-29*

9. WELL NO.

*2*

10. FIELD AND POOL, OR WILDCAT

*Economic 7-Rprr. Queen*

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

*Sec. 29, T-22S, R-36E*

12. COUNTY OR PARISH

*Lea*

13. STATE

*NM*

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' FSL + 660' FWL of Sec. 29.*

14. PERMIT NO.

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

*3523' DF*

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: *12-31-53*  
Reason for temp. aban.: *uneconomical*  
Future plans for Well:

**STUDY FOR REMEDIAL WORK**

This report is for temporary  
discontinuation of operations *Dec 1, 1975*

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

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

SIGNED

*Robert Daulton*

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

*NMFLU(4) FILE*

\*See Instructions on Reverse Side

NOV 6 1974  
*Jim Sims*  
JIM SIMS  
ACTING DISTRICT ENGINEER