Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-069515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deep reserve reservoir.)

NOV 1 1974

U. S.

7. UNIT AGREEMENT NAME
North El Mar Unit

WELL X WELL OTHER

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
North El Mar Unit

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.
31

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FSL + 1980' FWL of Sec. 26

10. FIELD AND POOL, OR WILDCAT
El Mar Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T-26S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3109' KB

12. COUNTY OR PARISH
Lea

13. STATE
NM

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) Shut-In			X
(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.)*

Status of Well: Shut-In
Approximate date that temp. aban. commenced: 11-1-73
Reason for temp. aban.: Uneconomic

Future plans for Well:

Will convert to injection

Dec 1975

Approximate date of future W. O. or plugging: 1st QTR, 1975

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

SIGNED _____ TITLE Division Office Manager DATE 10/30/74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 1 1974
JIM SIMS
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5 N. El Mar Partners (9) File