

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 0.31670(a)

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  Injection Well

7. UNIT AGREEMENT NAME

Southeast Monument Unit

2. NAME OF OPERATOR  
CONTINENTAL OIL COMPANY

8. FARM OR LEASE NAME

Sema Permian

3. ADDRESS OF OPERATOR  
P. O. Box 460, Hobbs, N.M. 88240

9. WELL NO.

20

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660 FS & WL Sec. 19

10. FIELD AND POOL, OR WILDCAT

Skinner's Grayburg

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

Sec 19 T. 40S. R. 38E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3545 DF

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporarily Shut-In</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

Well was returned to injection after water flow problem in area was corrected. Date returned to injection 11-28-77

RECEIVED  
NOV 16 1978

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

11563(5) NM & W (4) File  
18. I hereby certify that the foregoing is true and correct

SIGNED Gene H. Lee TITLE Administrative Supervisor DATE 3-14-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

DATE  
ACCEPTED FOR RECORD  
MAR 17 1978  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO