

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
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.)

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
1980' FSL & 1530 FWL

7. UNIT AGREEMENT NAME
nmfu

8. FARM OR LEASE NAME
BRITT B

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Elyric-Monument 6-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 15, T-20S, R.37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3558' 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) <i>Shut In</i>	<input checked="" 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.)*

Status of Well: *Shut In*
Approximate date that temp. aban. commenced: *7-25-70*
Reason for temp. aban.: *UNECONOMICAL*

Future plans for well:

Holding for secondary recovery

This approval is for DEC 1 1976
abandonment operations

Approximate date of future W. O. or plugging: *Indefinite*

I hereby certify that the foregoing is true and correct

SIGNED *B. O. Anderson* TITLE *Asst. Staff Asst* DATE *12-1-75*
(This space for Federal or State office use)

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

USGS (5) FILE *nmfu (4)*

*See Instructions on Reverse

