

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP DATE  
(Other instructions reverse side)Form approved. (Copy 65F)  
Budget Bureau No. 42-R1424.

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED	7. UNIT AGREEMENT NAME <i>Forest Pool Unit</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	DEC 2 1974	8. FARM OR LEASE NAME <i>Forest Pool Unit</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, New Mexico 88240</i>		9. WELL NO. <i>11</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>2120' FSL + 1652' FWL of Sec. 35</i>	ARTESIA OFFICE	10. FIELD AND POOL, OR WILDCAT <i>Lg. Lake D-BA</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3651' DF</i>	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <i>Sec. 35, T-16S, R-37E</i>
		12. COUNTY OR PARISH <i>Eddy</i>
		13. STATE <i>NM</i>

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"/>
(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.) \*

Status of Well: *Shut-In*Approximate date that temp. aban. commenced: *11-1-73*Reason for temp. aban.: *uneconomic waterflood*Future plans for Well: *sell or plug in '75*

RECEIVED

NOV - 1 1974

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICOApproximate date of future W. O. or plugging: *3<sup>rd</sup> qtr., 1975*

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

SIGNED *[Signature]*TITLE *Division Office Manager*DATE *10/30/74*

(This space for Federal or State office use)

APPROVED  
CONDITIONS OF APPROVAL, IF ANY:UNLESS FURTHER  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
OCT 1 - 1975

DATE

NOV 23 1974  
U. S. GEOLOGICAL SURVEY  
ARTESIA DISTRICT OFFICE

\*See Instructions on Reverse Side

USGS-5 *FP4 Part 1 (1) File*