Form 9-331
(May 1963)

N. M. O. C. C. COPY

UNITED STATES
DEPARTMENT THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM.0343765(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.)

RECEIVED
MAR 14 1977
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

7. UNIT AGREEMENT NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER

8. FARM OR LEASE NAME
W. R. Means

2. NAME OF OPERATOR
Continental Oil Company

9. WELL NO.
1

3. ADDRESS OF OPERATOR
Box 460, Hobbs, NM 88240

10. FIELD AND POOL, OR WILDCAT
West Ranch Queen

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T-14S, R-30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3886' DF

12. COUNTY OR PARISH
Chaves

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) | | | |
| (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.) *

IT IS Proposed TO Plug and Abandon The Subject Well SINCE The Queen Gas Zone is depleted and there are NO Remedial or Recompletion Possibilities.

Plug as Follows:

1) Pump 5 Bbls 15% HCL-NE Acid Down 3½" Tbg AT ½ to 1 BPM.

2) Fill Tbg with 100 SX class "C" CMT w/2% CACL

3) Erect Dry Hole Marker and Restore The Surface.

See Attached Well History and Recommendation.

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

SIGNED Wm. J. Rutherford TITLE Admin. Supv. DATE 3-1-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAR 10 1977
/s/ J. L. Buchanan
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS (5), File