

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029509(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Baish "A"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Baish-Yates

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

Sec 21, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

2310' FNL + 990' FEL of Sec. 21, T-17S, R-32E.

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GL, etc.)

4039 DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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: 5-1-70

Reason for temp. aban.: uneconomic

Future plans for Well: evaluating recompletion possibilities

This approval of temporary
abandonment expires Dec 4/1970

Approximate date of future W. O. or plugging: Fall, 1976

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

SIGNED

TITLE

Division Office Manager

DATE

10/30/79

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

NOV 4 1974

JIM SIMS

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side