

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

*LC-029509(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 ☐

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

*2310' FSL + 1450' FEL of Sec. 21.*

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

*4046' DF*

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

*Baish "A"*

9. WELL NO.

*6*

10. FIELD AND POOL, OR WILDCAT

*Baish Yates*

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

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

12. COUNTY OR PARISH 13. STATE

*Lea*

*NM*

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

19. 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: *12-1-69*

Reason for temp. aban.: *uneconomic*

Future plans for Well: *evaluating recompletion possibilities*

This approval of temporary  
abandonment expires *DEC 1, 1975*

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

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

SIGNED

*Robert J. Faulstich*

TITLE

Division Office Manager

DATE

*10/30/74*

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NOV 1 1974

*Jim Sims*  
JIM SIMS

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

*file*