

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC-029509 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA Unit Rep.

8. FARM OR LEASE NAME

MCA Unit Bty 3

9. WELL NO.

39

10. FIELD AND POOL, OR WILDCAT

Maj. Rep. B-SA

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

Sec. 22, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL ☐ GAS ☐ OTHER ☒ Injection

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 Unit F

1980' FNL + WL of Sec. 22, T-17S, R-32E.

14. PERMIT NO.

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

3995' 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)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.: unsatisfactory input profile

Future plans for Well: evaluate remedial work

This approval of temporary
abandonment expires NOV 1 1975

APPROVED

NOV 1 1974

JIM SIMS
ACTING DISTRICT ENGINEER

Approximate date of future W. O. or plugging: 4TH 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 BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE