Form Approved.

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-058697(b)
GEOLOGICAL SURVEY	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	7. UNIT AGREEMENT NAME MCA
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME MCA Unit
1. oil gas well other	9. WELL NO. 356
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	Maljamar GSA 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA 633 Sec. 25, T-178, R-32E
AT SURFACE: 1295' FSL & 1245 FEL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Same	Lea New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. // / // /
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 4000' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
FRACTURE TREAT	Report results of multiple completion or zone
SHOOT OR ACIDIZE REPAIR WELL	(NATEO Report results of multiple completion or zone
PULL OR ALTER CASING WULTIPLE COMPLETE	16 (1979) Report results of multiple completion or zone change on Form 9–330.)
CHANGE ZONES	OGICAL SURVEY
ABANDON"	16 131 Change on Form 9-330.) LOGICAL SURVEY NEW MEXICO
(other) Shut-In X HO33S	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly standed date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine. Status of Well: Approximate date that temp. aban. commenced: July	directionally drilled, give subsurface locations and nt to this work.)*
Reason for temp. aban.: Unsuccessful re-entry a	
Formula Co. 11 Tr. 114 Co. 111 Co.	
Future plans for well: Holding for possible fut	ture use as a waterflood injector
2 This approval of temporary	1.70
abandonment expires	-/8
Approximate date of future W. O. or plugging: In	ndefinite
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct Administrat:	
SIGNED Bun A. Lie Supervisor	DATE MANY 15, 1979
(This space for Federal or State of APPROVED BY	TOTED FOR MEDICAL
	DAXE 1079
USGS(5), MCA(3), File	MAR 19 GIRVEY
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