HNITED STATES SUBMIT IN TRIDITIONTES

(May 198	DEPARTN	MEN OF THE INTER SEOLOGICAL SURVEY	COther Instructions 70 (Other Instructions 70	Budget Bureau No 5. LEANE DESIGNATION AND I	BERIAL NO.
(1	Do not use this form for propos	ICES AND REPORTS als to drill or to deepen or ping TION FOR PERMIT—" for such	back to a different reservoir.	G. IF INDIAN, ALLOTTEE OR 2	
OIL WELL	GAS WELL OTHER	Water Inj	ectin	7. UNIT AGREEMENT NAME	
2. NAME	OF OPERATOR	7		8. FARM OR LEASE NAME	
	tinental Oil Co	mpany		PERESALL A	7
3. ADDRE	8S OF OPERATOR			9. WELL NO.	
<u>p</u> ,	0, Rox 460, Hob	bs, New Nexico 8	8240		
4. LOCAT	ion of well (Report location cl so space 17 below.)	PEARSALL QUEEN			
19	180' FNL & 6	11. SEC., T., R., M., OR BLK. A SURVEY OR AREA			
				Sec. 33 T-175,	R-32E
14. PERMI	T NO.	15. ELEVATIONS (Show whether D		12. COUNTY OR PARISH 13.	STATE
		3919.01	<i>F</i>	Lea	NM
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data				
	NOTICE OF INTENTION TO:			QUENT REPORT OF:	
TEST	WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT ON		
		AULTIPLE COMPLETE	WATER SHUT-OFF	REPAIRING WELL	
		IRANDON*	FRACTURE TREATMENT	ALTERING CASING	<u> </u>

(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: 5-27-7/

CHANGE PLANS

Reason for temp. aban .: Unecomo Water flood project

Future plans for well:

REPAIR WELL

(Other)

Plug fabandon

This approval of tempo DEC 1

Approximate date of futur		or plugging: 34	1976
18. I hereby certify that the foregoing is true and cor	TITLE _	Sistery and	DATE 12-1- 75
(This space for Pederal or State office use)			
APPROVED BY	TITLE	La distriction of the second o	DATE
CONDITIONS OF APPROVAL, IF ANY:		1 de la companya della companya della companya de la companya della companya dell	MS
S (5) FILE		(1/2	$\sim X$