

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-059001

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Parrott Co

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Parrott Run

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

Sec. 33 T-17S R-32E

12. COUNTY OR PARISH 13. STATE

La NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back on a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Water Injection</i>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Parrott Co
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FNL & 660' FNL 17 SEC. 33	10. FIELD AND POOL, OR WILDCAT Parrott Run
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3919' DF
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33 T-17S R-32E	
12. COUNTY OR PARISH 13. STATE La NM	

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) *Shut in* ☒

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: *5-27-71*

Reason for temp. aban.: *uneconomic waterflood project*

Future plans for Well: *plug & abandon*

Stamp: APPROVED OF TEMPORARY  
DEC 1, 1975

Approximate date of future W. O. or plugging: *4<sup>th</sup> 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

APPROVED

USGS-5, F.12

\*See Instructions on Reverse Side

NOV 5 1974  
JIM SIMS  
ACTING DISTRICT ENGINEER