

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-059001

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pearall G

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Pearall G

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

Sec. 33 T-175 R-32 E

12. COUNTY OR PARISH 13. STATE

Ra

NM

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

330' FNL 4 330' FEL 7 Sec. 33

14. PERMIT NO.

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

3974' 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) 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: 2-18-68

Reason for temp. aban.: uneconomic

Future plans for Well: evaluate remedial or recompletion possibilities

Dec 1, 1973

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

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

SIGNED Robert J. Smith

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