

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029405(6)

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 reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME Wm Mitchell B	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		9. WELL NO. 17	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1800 FS & WL		10. FIELD AND POOL, OR WILDCAT Maltamon Paddock	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3943' DF	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH Lea	
NOTICE OF INTENTION TO:		17. STATE NM	
TEST WATER SHUT-OFF <input type="checkbox"/>		WATER SHUT-OFF <input type="checkbox"/>	
FRACTURE TREAT <input type="checkbox"/>		FRACTURE TREATMENT <input type="checkbox"/>	
SHOOT OR ACIDIZE <input type="checkbox"/>		SHOOTING OR ACIDIZING <input type="checkbox"/>	
REPAIR WELL <input type="checkbox"/>		REPAIRING WELL <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(Other) <input checked="" type="checkbox"/>	
PULL OR ALTER CASING <input type="checkbox"/>		ALTERING CASING <input type="checkbox"/>	
MULTIPLE COMPLETE <input type="checkbox"/>		ABANDONMENT* <input type="checkbox"/>	
ABANDON* <input type="checkbox"/>			
CHANGE PLANS <input type="checkbox"/>			

(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: *1-14-69*Reason for temp. aban.: *Uneconomic*

Future plans for well:

*In MCA Unit area. Holding for possible future recompletion to Grayburg-San Andres waterflood zone.*abandonment expires **DEC 1 1976**Approximate date of future W. O. or plugging: *Indefinite*

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

SIGNED *S. D. Williams*TITLE *Asst. Geol. Asst.*DATE *12-1-75*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

USGS (S) file

*See Instructions on Reverse Side

