(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.
[illegible] & C
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 [ ] GAS WELL [X] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Continental Oil Company

8. FARM OR LEASE NAME
Carlsen

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.
3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface
1980' FNL & 1980' FWL of Sec. 10

10. FIELD AND POOL, OR WILDCAT
Carlsen Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T-18S, R-33E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3991' DF

12. COUNTY OR PARISH
Lea

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Shut in			[X]
(Other)				(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: 3-4-74
Reason for temp. aban.: uneconomic

Future plans for Well: study for p & a

Dec 1, 1975

Approximate date of future W. O. or plugging: 4TH QTR. 1975

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

SIGNED [illegible] TITLE Division Office Manager DATE 10/30/74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 5 1974
[illegible] SMS
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5, File