

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

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different horizon. Use "APPLICATION FOR PERMIT—" for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO. LC-058697(b)
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Continental Oil Company		7. UNIT AGREEMENT NAME MCA Unit Repl.
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME MCA Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2615' FSL + 25' FWL of Sec. 30		9. WELL NO. 197
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Maly. Repl. B-AA
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4037' DF		11. SEC./T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T-17S, R-33E
		12. COUNTY OR PARISH Lia
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Shut-In	(Other) <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: **2-1-69**

Reason for temp. aban.: **pattern change - this was a pilot injector**

Future plans for Well: **possible replacement injection well**

This approval of temporary
abandonment expires **NOV 1 1975**

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

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
DATE

NOV 1 1974
JIM SIMS
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side