

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse 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 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 SW-232
2. NAME OF OPERATOR Llano, Inc.	8. FARM OR LEASE NAME Continental "A" Federal
3. ADDRESS OF OPERATOR P.O. Box 1320, 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 and 1650' FEL	10. FIELD AND POOL, OR WILDCAT Lusk Strawn
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-19-S, R-32-E
15. ELEVATIONS (Show whether DF, RT, or GS) 3676' KB	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 <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Shut-In Status <input checked="" 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.)*

Upon completion of the formation of the Lusk Strawn Deep Unit and final USGS approval, the Continental "A" Federal No. 1 will be converted to injection of extraneous gas under secondary recovery operations of the Lusk Strawn Deep Unit Pressure Maintenance Project. At present the well is shut-in. Last production occurred in March 1976 from the Strawn formation.

This approval of temporary
abandonment expires 3-1-77

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Manager Of Petroleum And Natural Gas Engineering DATE June 1, 1976

(This space for Federal or State office use)

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

APPROVED
JUN 7 1976
BERNARD MOROZ
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side