

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

EE-1743

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

APM-1150

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Block A-3

9. WELL NO.

4

10. FIELD AND FOOL, OR WILDCAT

Sanic Mountain (B-5A)

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

Sec. 3 T-20S R-36E

12. COUNTY OR PARISH 13. STATE

Rea NM

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 ☐ 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

660' FSL & 660' FEL D3 SEC. 3

14. PERMIT NO.

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

3611' 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: *7-1-71*

Reason for temp. aban.: *Uneconomic*

Future plans for Well: *Holding for secondary recovery operations.*

This approval of temporary abandonment expires *Dec 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 *10/20/74*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-5, NMFL 4, File

[Signature]
ENGINEER