

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-031622(a)
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 nmfa	
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME Sanderson A	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		9. WELL NO. 9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL		10. FIELD AND POOL, OR WILDCAT Eunie Monument G-5A	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3565' DF	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH LRA	
18. NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/> FULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>		SUBSEQUENT REPORT OF: WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) Shut In <input checked="" type="checkbox"/> REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <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.)*

Status of Well: Shut In

Approximate date that temp. aban. commenced: 12-22-71

Reason for temp. aban.: Unconformic

Future plans for well:

Holding for secondary recovery

This approval of temporary
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

B. D. Sullivan

TITLE

 Sr Staff Asst

DATE

12-1-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

W. B. Sullivan

USGS (5) FILE nmfa(4)

*See Instructions on Reverse Side