

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other instructions
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Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

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
330' FNL & 330' FEL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, CG, etc.)
3574' 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) ☐
FULL 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* ☐

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.)
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Status of Well: Shut-In
Approximate date that temp. aban. commenced: 11-1-74
Reason for temp. aban.: Uneconomic
Future plans for well: Study for remedial work

Approximate date of future W. O. or plugging: 11-1-76

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

SIGNED B. Dellepiane

TITLE Asst. Dir. Geol. Survey

DATE 10-27-75

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS(5) NMfu(4) file

*See Instructions on Reverse Side