Form 9-331

FRACTURE TREAT

SHOOT OR ACIDIZE REPAIR WELL

## U STATES SUBMIT IN TRIPLIC

Form approved.

ABANDON MENT\*

	DEPARTMENT OF THE INTERIOR (Other Instructions of Geological Survey			5. LEASE DESIGNATION AND SERIAL NO.  NM - 055 7626  6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
(Do not use this form for prop	TICES AND REPORTS osals to drill or to deepen or plug CATION FOR PERMIT—" for such	g back to a different reservoir.	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME	
OIL GAS WELL OTHER	7. UNIT AGREEMENT NAME 5EMU				
2. NAME OF OPERATOR  CONTINENTAL  3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME  SEMU PERMIAN  9. WELL NO.				
	Clearly and in accordance with an	I MEXICO ny State requirements.*	10. FIELD AND POOL, OR  ELMONT  11. SEC., T., R., M., OR B SURVEY OR AREA	GAS	
660'F5L + 660			SEC 13 7-2		
14. PERMIT NO.	15. ELEVATIONS (Show whether 3556 DF		12. COUNTY OF PARISH	NEWI MEX	
16. Check A	Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data		
NOTICE OF INT	ENTION TO:	SUBSEC	QUENT REPORT OF:		
TEST WATER SHUT-OFF	FULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF	REPAIRING W		

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

SHOOTING OR ACIDIZING

CHANGE PLANS

IT IS PROPOSED TO PLUG AND ABANDON THE SEMU PERMIAN NO.91 FOR ECONOMICAL REASONS. THE WILL WILL BE PLUGGED WITH THE FOLLOWING PROCEDURE:

CIBP WII SACK CEMENT IS SET AT 3720'. PULL TUBING TO 3380' AND PUMP 50 SACKS CLASS "C"CEMENT, SET SURFACE PLUG W/Z SACKS CEMENT AND SET DRY HOLE MARKER, MUD BETWEEN PLUGS WILL CONTAIN 25 SACKS GEL PER 100 BARRELS.

8. I hereby certify that the foregoing is true, and cor	TITLE ADM	MISTRATIVE SUR	DATE 6-16-72
(This space for Federal or State office use)		APPROVED	
APPROVED BY	TITLE		DATE
CONDITIONS OF APPROVAL, IF ANY:		JUN 2 1	972

USG\$(5) FILE NMPU(3)

RELEIVED

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OIL CORRESPONDED COMM.