

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 055 7686

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injection Well</u>		7. UNIT AGREEMENT NAME <u>Southeast Mesquite Unit</u>	
2. NAME OF OPERATOR <u>CONTINENTAL OIL COMPANY</u>		8. FARM OR LEASE NAME <u>Sema Permian</u>	
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>		9. WELL NO. <u>45</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660 FS 4 1980 FEL Sec. 13</u>		10. FIELD AND POOL, OR WILDCAT <u>Skaggs Colony</u>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 13, T. 20S, R. 37E</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3554 DF</u>		12. COUNTY OR PARISH <u>Lea</u>	
		13. STATE <u>NM</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☒

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Temporary Shut-in

(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.)*

Well was returned to injection after water flow problem in area was corrected. Date returned to injection 11-28-77

RECEIVED

MAR 16 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

11565(5) NM Fu (4) File

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

SIGNED Ben A. Lee

TITLE Administrative Supervisor DATE 3-14-78

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

DATE
ACCEPTED FOR RECORD
MAR 17 1978
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

MAR 21 1978

OIL CONSERVATION COMM.
HOBBS, N. M.