

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

~~LC-034520(b)~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM-0557686

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

SEMU Permian

9. WELL NO.

48

10. FIELD AND POOL, OR WILDCAT

Skaggs Drayburg

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec. 14, T-20S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

1980' FNL + 660' FEL of Sec. 14

14. PERMIT NO.

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

3558' 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) ☐

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

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.)*

Status of Well: Shut-In

Approximate date that temp. aban. commenced: 3-1-71

Reason for temp. aban.: Uneconomic

Future plans for Well: Hold for possible use as replacement well.

Approximate date of future W. O. or plugging: Fall 1976

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

SIGNED

TITLE Division Office Manager

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5

NM F4(4) file

*See Instructions on Reverse Side

NOV 6 1974
J. S. Sims
SENIOR ENGINEER