

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 031621 (6)  
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<br>Nmfu                                           |
| 2. NAME OF OPERATOR<br>Continental Oil Company                                                                                                                 | 8. FARM OR LEASE NAME<br>BRITT B                                         |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 460, Hobbs, New Mexico 88240                                                                                               | 9. WELL NO.<br>4                                                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>990' FSL & 330' FWL | 10. FIELD AND POOL, OR WILDCAT<br>Eureka Monument GSA                    |
| 14. PERMIT NO.                                                                                                                                                 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3553' OF               |
|                                                                                                                                                                | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 15, T-20S, R-37E |
|                                                                                                                                                                | 12. COUNTY OR PARISH<br>LEA                                              |
|                                                                                                                                                                | 13. STATE<br>NM                                                          |

## 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) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☒

(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: 8-1-63

Reason for temp. aban.: Uneconomical

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

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS (5) FILE Nmfu (4)

\*See Instructions on Reverse Side

