

May 1969

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(Other instructions on reverse side)

Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for wells which are not in the public domain or are not in the public interest reservoir. Use APPLICATION FOR PERMIT for such cases.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLITER OF TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1530' FWL of Sec. 15		8. FARM OR LEASE NAME Britt B	
14. PERMIT NO.		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3558' DF		10. FIELD AND POOL, OR WILDCAT Eureka Monument (G-SA)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15 T-20S R-31E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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)

(Other)

(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: *7-25-70*

Reason for temp. aban.: *Uneconomical*

Future plans for Well:

*Holding for secondary recovery*

This report is true and correct

Signature of operator

*Dec 1, 1975*

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

*10/30/74*

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

USGS-5, NMEK-4, File

\*See Instructions on Reverse Side

NOV 5 1974  
JIM SIMS  
ACTING DISTRICT ENGINEER