

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-031621(6)
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR 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' FNL & 660' FWL of Sec. 18		8. FARM OR LEASE NAME Britt B-18
14. PERMIT NO.		9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3552' DF		10. FIELD AND POOL, OR WILDCAT Gulica Monument (6-5A)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18 T. 20S R. 37E
		12. COUNTY OR PARISH La.
		13. STATE 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) **Shut In** ☒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: **4-26-70**Reason for temp. aban.: **Uneconomic**Future plans for Well: **Remedial and recompletion prospects will be evaluated.***Dec 11/75*Approximate date of future W. O. or plugging: **4th QTR 1975**

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

SIGNED **Robert M. Smith**TITLE **Division Office Manager**DATE **10/30/74**

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-5, NMFL-A, F-12