

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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 <u>SWD</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-037620(6)</u>	
2. NAME OF OPERATOR <u>Continental Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NM-0559686</u>	
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME <u>SEMU</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>660' FSL + 1980' FEL of Sec. 23.</u>		8. FARM OR LEASE NAME <u>SEMU Penn</u>	
14. PERMIT NO.		9. WELL NO. <u>9</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3531 DF</u>		10. FIELD AND POOL, OR WILDCAT <u>Casa Strawn</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 23, T-20S, R-37E</u>	
		12. COUNTY OR PARISH <u>Lea</u>	
		13. STATE <u>NM</u>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut-In</u>	

(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: 3-1-71  
Reason for temp. aban.: Uneconomic  
Future plans for Well: Recompletion prospects will be evaluated

Approximate date of future W. O. or plugging: Fall, 1975

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

SIGNED [Signature] TITLE Division Office Manager DATE 10/10/75

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: