Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-032096 (C)

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.	
OIL WELL ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR **CONTINENTAL OIL COMPANY**	8. FARM OR LEASE NAME Lockhart A-27
3. ADDRESS OF OPERATOR **P. O. Box 460, Hobbs, N.M. 88240** *4*	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Undesignated San Andres
510' FWL & 660' FNL of Sec. 27	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-21S, R-37E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,431' DF	12. COUNTY OR PARISH Lea	13. STATE N. Mex.

16.
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) Temporary Abandon			☒

(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.)*

Spotted a 50 sack Class "C" Cement plug from 4005' to ± 3,775'. Well temporarily abandoned.

Work completed 4-8-73.

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

SIGNED Robert Gault III   TITLE Division Office Manager   DATE 4-24-74

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMFO-4, File   *See Instructions on Reverse Side

ACCEPTED FOR RECORD
APR 25 1974
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO