

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYCOPY TO O.C.  
SUBMIT IN TRIPPLICATE\*  
(Other instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-11424.

## 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 <input checked="" type="checkbox"/> <i>Injection Well</i>                                    | 7. UNIT AGREEMENT NAME<br><i>South East Monument Unit</i>                        |
| 2. NAME OF OPERATOR<br><i>Continental Oil Company</i>                                                                                                                     | 8. FARM OR LEASE NAME<br><i>Sena Pecan</i>                                       |
| 3. ADDRESS OF OPERATOR<br><i>P. O. Box 460, Hobbs, New Mexico 88240</i>                                                                                                   | 9. WELL NO.<br><i>76</i>                                                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><i>660 FS &amp; WL Sec. 18</i> | 10. FIELD AND TOOL, OR WILDCAT<br><i>Staggs Grabbing</i>                         |
| 14. PERMIT NO.                                                                                                                                                            | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><i>Sec. 18, T-20S, R-38E</i> |
| 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br><i>3555 DF</i>                                                                                                          | 12. COUNTY OR PARISH<br><i>Lea</i>                                               |
|                                                                                                                                                                           | 13. STATE<br><i>NM</i>                                                           |

## 16. 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 type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               |                                          |
| (Other) <i>SHUT-IN</i>                       | <input checked="" type="checkbox"/>           |                                                |                                          |

(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: *Temporary Shut-In*Approximate date that temp. aban. commenced: *9-23-76*Reason for temp. aban.: *By Order of NMOC due To Water Flow Problem*Future plans for well: *Waiting on NMOC Ruling*This approval of temporary abandonment expires **APR 1 1978**Approximate date of future W. O. or plugging: *Indefinite*

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

SIGNED *B. Dillman* TITLE *S. Staff Asst* DATE *4-14-77*

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

APPROVED

APR 21 1977

BERNARD MOROZ  
DISTRICT ENGINEERUSGS (5) FILE *Nm Fu (4)*

\*See Instructions on Reverse Side