

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-031670(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a productive 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</i>	7. UNIT AGREEMENT NAME <i>SEM U</i>
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME <i>SEM U Permian</i>
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. <i>31</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FNL & 1980' FWL, Sec 19, T-20S, R-38E.</i>	10. FIELD AND POOL, OR WILDCAT <i>Skaggs Skaggs</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3554' RT</i>
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <i>Sec. 19, T-20S, R-38E</i>	12. COUNTY OR PARISH <i>Lea</i>
13. STATE <i>NM</i>	

18.

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) ☒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: *11-20-73*Reason for temp. aban.: *To improve waterflood sweep efficiency*Future plans for Well: *Hold for possible use as replacement injection well.*Approximate date of future W. O. or plugging: *Fall 1976*

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

SIGNED *[Signature]*

TITLE

Division Office Manager

DATE

12/2/73

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

USGS-5

nmfu(4) file

*See Instructions on Reverse Side

NOV 6 1974
[Signature]
JIM SIMS
ACTING DISTRICT ENGINEER