

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 <input checked="" type="checkbox"/> <i>Injection Well</i>		7. UNIT AGREEMENT NAME <i>Southeastern Natural Gas</i>
2. NAME OF OPERATOR <i>CONTINENTAL OIL COMPANY</i>		8. FARM OR LEASE NAME <i>Serra Perminian</i>
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, N.M. 88240</i>		9. WELL NO. <i>32</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1480 F24 EL Sec. 19</i>		10. FIELD AND POOL, OR WILDCAT <i>Sitages Grand</i>
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 19, T-20S, R-38E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3552 RT</i>		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>Nm</i>

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) *Temporary 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.) *

Well was returned to injection after water flow problem in area was corrected. Date returned to injection 11-28-77

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

SIGNED *Baron A. Lee*

TITLE *Administrative Supervisor* DATE *3-14-78*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

RECEIVED FOR RECORD
MAR 17 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO