

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC-031670(6)

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 different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME SEMUL	
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME SEMUL Burger "B"	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		9. WELL NO. 13	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL + 1980' FWL of Sec. 20.		10. FIELD AND POOL, OR WILDCAT Warren Drinkard	
11. PERMIT NO.		12. COUNTY OR PARISH Lea	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3554' DF		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(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: 6-1-71

Reason for temp. aban.: Uneconomic

Future plans for Well: Remedial and recompletion prospects will be evaluated. Will be used in a water-flood planned for Warren McKee Pool.

Approximate date of future W. O. or plugging: Fall 1976

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

SIGNED [Signature] TITLE Division Office Manager DATE 12/1/74

(This space for Federal or State office use)

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