

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 (61)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Continental Oil Company		SEMU McKee
3. ADDRESS OF OPERATOR		9. WELL NO.
P. O. Box 460, Hobbs, New Mexico 88240		62
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
1980 FSE WL		Wacren McKee
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15. ELEVATIONS (Show whether DF, RT, CM, etc.)		12. COUNTY OR PARISH
3549' DF		LA
		16. STATE
		NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <i>Shut In</i>	<input checked="" type="checkbox"/>		<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: *Shut In*

Approximate date that temp. aban. commenced: *3-10-74*

Reason for temp. aban.: *Uneconomic*

Future plans for well: *Holding for future water flood*

DEC 1 1976

Approximate date of future W. O. or plugging: *4th Qtr 1976*

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

SIGNED *A. Williams*

TITLE *Sr. Staff Eng.*

DATE *12-1-75*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS (5) FILE *Nm Fa (41)*

*See Instructions on Reverse Side

RECEIVED FOR RECORD
JAN 13 1976
GEOLOGICAL SURVEY
NEW MEXICO