

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-031695 (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 different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME

Warren Unit

8. FARM OR LEASE NAME

Warren Unit McKee

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Warren McKee

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T-~~20~~5, R-38E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FSL + 660' FWL of Sec. 29.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3530 DF

16. 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) *Shut-In*

(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: *3-2-67*
Reason for temp. aban.: *Uneconomic*
Future plans for Well: *Holding for secondary recovery operations.*

APPROVED BY *[Signature]* DATE *Dec 1, 1975*

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 *10/30/79*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE *NOV 16 1979*

CONDITIONS OF APPROVAL, IF ANY:

[Signature]
APPROVED BY _____ ENGINEER

*See Instructions on Reverse Side