

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 purposes.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 FNL + 990' FNL of Sec. 29.	5. UNIT AGREEMENT NAME SEMUL	6. FARM OR LEASE NAME SEMUL McKee	7. WELL NO. 60	8. FIELD AND POOL, OR WILDCAT Haven McKee	9. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-20S, R-38E	10. COUNTY OR PARISH Lea	11. STATE NM
12. PERMIT NO.	13. ELEVATIONS (Show whether DF, RT, GR, etc.) 3528 GR									

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 COMPLETION

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: 7-8-68

Reason for temp. aban.: Uneconomic

Future plans for Well: Holding for secondary recovery operations

Approximate date of future W. O. or plugging: Fall 1975

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

SIGNED

TITLE Division Office Manager

DATE 10/17/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: