

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-031696(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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒	7. UNIT AGREEMENT NAME SEMUK
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME SEMUK Eumont
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 56
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL + 660' FEL of Sec. 25.	10. FIELD AND POOL, OR WILDCAT Eumont 7th 7-River
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, AT, OR, etc.) 3523' OF
	11. SEC., T., R., M., OR BLS. AND SURVEY OR AREA Sec. 25, T. 1 S., R. 1 E.
	12. COUNTY OR PARISH Deer
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(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-InApproximate date that temp. aban. commenced: 11-8-69Reason for temp. aban.: To improve waterflood sweep efficiencyFuture plans for Well: Hold for possible use as replacement injection well.Approximate date of future W. O. or plugging: Feb 1975

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

SIGNED _____ TITLE Division Office Manager DATE 11-11-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 11-11-74
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-5

SEMUK(4) File

NOV 6 1974
JAMES L. LEE
DISTRICT ENGINEER