

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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	
2. NAME OF OPERATOR <i>CONTINENTAL OIL COMPANY</i>		8. FARM OR LEASE NAME <i>MEYER B-28A Acct. 2</i>	
3. ADDRESS OF OPERATOR <i>Box 460, HOBBS, N.M. 88240</i>		9. WELL NO. <i>3</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>760' FNL & 1880' FWL OF SEC. 33</i>		10. FIELD AND FOOT, OR WILDCAT <i>EUMONT QUEEN GAS</i>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 33, T-20S, R-37E</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3527' GR.</i>		12. COUNTY OR PARISH <i>LEA</i>	
		13. STATE <i>N.M.</i>	

16. 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) <i>SHUT OFF WATER</i> ☒	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☐	

(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.)*

The subject well is presently logging off. In an effort to allow continuous flow of gas, the following work is proposed: Remove in-hole eqpt. Set Cast Iron Bridge Plug w/wireline @ 3615'. Swab dry, put back on production.

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

SIGNED

[Signature]

TITLE

SR. ANALYST

DATE

1-30-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

[Signature]

*See Instructions on Reverse Side

USGS-5, NAFD-4, File