Form	9-331
(May	1963)

UNITED STATES SUBMIT IN TRIPLICATE.

Form approved, Rudget Rugenn No. 42-R1424

ALTERING CASING

ABANDONMENT*

•	DEPARTMENT OF THE INTERIOR VERSE side) GEOLG ICAL SURVEY	5. LEASE DESIGNATION AND SERIAL NO. 2C-03/740(b)
	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.)	G. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.	OIL GAS OTHER	Vmfu
2.	NAME OF OPERATOR	8. FARM OR LEASE NAME
	Continental Oil Company	Meyer B-4
3.	ADDRESS OF OPERATOR	9. WELL XO.
	P. O. Box 460, Hobbs, Hew Mexico 88240	12
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 EUNICE - MONUMENT 65
•	5940' FSL & 1980' FWL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec 4. T.3/3, R-36E
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3553' DF	LEA NM
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or C	Other Data
	NOTICE OF INTENTION TO: SUBSEQU	ENT REPORT OF:
	TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.).

PRACTURE TREATMENT

SHOOTING OR ACIDIZING

Status of Well: Shut I

Approximate date that temp. aban. commenced: 6-1-64

Reason for temp. aban .: UNE CONO micht

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Future plans for well:

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

Holding for secondary recovery

This approval of temporary 1976 abandonment expires []

Approximate date of futur	re U. O. or plugging: Indefinite
18. I hereby certify that the foregoing is true and co	TITLE STATE AND DATE 12-1-75
(This space for Federal or State office use)	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	ASSEPTED FOR REGION DATE
uses (5) file Nmfu(4)	*See Instructions on Reverse Side U. S. CEOLOGICAL SURVEY NO. 30, NEW MEXICO
	U. S. CEOLOGICAL SXICO