

DEPARTMENT OF THE INTERIOR

(Other instructions on reverse side)

Budget Bureau No. 42 R1424

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

LC-031740 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME Meyer A-1	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		9. WELL NO. 16	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FWL 660' FSL & 660' FEL 17 Sec. 17		10. FIELD AND POOL, OR WILDCAT Energie Monument (B-SN)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3658' DF	
		12. COUNTY OR PARISH Lee	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut in</u> <input checked="" type="checkbox"/>	

(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: 6-1-70Reason for temp. aban.: UNECONOMICAL

Future plans for Well:

STUDY FOR REMEDIAL WORKDec 1, 1975Approximate date of future W. O. or plugging: 4TH QTR 1975

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

SIGNED

Robert Gault III

TITLE

Division Office Manager

DATE

10/30/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NOV 4 1974

JIM SMS

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5, NMFL-4, File