

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1421

GEC GICAL SURVEY

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-032099 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hackberry 6-28

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Summit, Gates
Surrey, Kansas

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 29 T-21 S R-36 E

12. COUNTY OR PARISH

Rea

13. STATE

NM

1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL

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

660' FSL & 660' FWL of Sec. 28

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3624' DF

16. 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 COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Shut in

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

X

(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 perti-
nent to this work.)

Status of Well: Shut in

Approximate date that temp. aban. commenced: 6-10-65

Reason for temp. aban.: uneconomical

Future plans for Well:

STUDY FOR REMEDIAL WORK

Approximate date of future W. O. or plugging: 9th QTR 1975

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

SIGNED: [Signature]

TITLE: Division Office Manager

DATE: 10/30/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

USGS-5, NMCH-4, File