

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-031741(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH

13. STATE

1.

OIL  
WELL ☒ GAS  
WELL ☐ OTHER

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 &amp; 660' FWL of Sec. 4

14. PERMIT NO.

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

3497' 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\*

(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 inApproximate date that temp. aban. commenced: 7-1-70Reason for temp. aban.: Uneconomical

Future plans for Well:

Holding for secondary recoveryDec 1, 1975Approximate date of future W. O. or plugging: Fall 1976

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

SIGNED

Robert Gault III

TITLE

Division Office Manager

DATE

10/30/79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

USGS-5, NMFL-4 - File

\*See Instructions on Reverse Side

NOV 4 1974  
JIM SIMS  
ACTING DISTRICT ENGINEER