DEPARTMEN OF THE INTERIOR verse side) GEOLOGICAL SURVEY SUNDRY NOTICES AND REPORTS ON WELLS (Du not use this form for proposals to drill or to deepen or plus back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.) 7. UNIT AGREEMENT NAME Continental Oil Company ADDRESS OF OPERATOR Continental Oil Company Department of the such proposals.) P. O. Box 460, Hobbs, New Mexico 88240 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	NAME
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Continental Oil Company Address of Operator P. O. Box 460, Hobbs, New Mexico 88240 Location of Well (Report location clearly and in accordance with any State requirements.* Location of Well (Report location clearly and in accordance with any State requirements.* At surface Location of Well (Report location clearly and in accordance with any State requirements.*	n.
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LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 10. FIELD AND POOL, OR WILDCA See also space 17 below.) At surface	n.
Have Demose	37 <i>E</i>
	3 <i>7 &</i>
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. ST.	
3474 KB	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
TPOT WATER SUFFICIENT	7
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING	-
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT*	
(Other) CHANGE PLANS (Other) (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 star proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zon nent to this work.)*	ing any
Status of Well: Shut in	
Approximate date that temp. aban. commanced: 4 -1-74	
Reason for temp. aban.: Uneconomical	
Future plans for Well:	
Hold for secondary recovery	
This spyrovel of for tenter .	
This soproved of for toning Dec 1,1975	
Approximate date of future W. O. or plugging: Fall 1976	
SIGNED Out / Line Division Office Manager	

*See Instructions on Reverse Side

NUV 6/1974

JUNI SIMS

ACTING DISTRICT ENGINEFA

DATOPROVED

(This space for Federal or State office use)