

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)
COPY TOForm approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 ☐ GAS WELL ☒ OTHER ☐		7. UNIT AGREEMENT NAME <i>Nm fw</i>	
2. NAME OF OPERATOR <i>Continental Oil Company</i>		8. FARM OR LEASE NAME <i>Hawk 0.3</i>	
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, New Mexico 88240</i>		9. WELL NO. <i>22</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>3300' FWL & 760' FWL</i>		10. FIELD AND POOL, OR WILDCAT <i>Blueberry Oil & Gas</i>	
14. PERMIT NO.		11. SEC., T., R./M., OR BLK. AND SURVEY OR AREA <i>Sec 3, T-21S, R-37E</i>	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3477' DF</i>		12. COUNTY OR PARISH <i>LEA</i>	
		13. STATE <i>NM</i>	

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) ☒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 pertinent to this work.)*

Status of Well: *Shut In*Approximate date that temp. aban. commenced: *4-1-70*Reason for temp. aban.: *Uneconomical*

Future plans for well:

*Hold for secondary recovery*This approval of temporary
abandonment expires **DEC 1 1976**Approximate date of future W. O. or plugging: *Indefinite*

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

SIGNED *A. P. Delleos*TITLE *Asst. Staff Asst*DATE *12-1-75*

(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

DATE _____

45655/nmt4(4) file

*See Instructions on Reverse Side

