

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <i>NM-2512</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, New Mexico 88240</i>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FSL + 1980' FWL of Sec. 9</i>	8. FARM OR LEASE NAME <i>Bank B-1</i>
14. PERMIT NO.	9. WELL NO. <i>6</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3512' DF</i>	10. FIELD AND POOL, OR WILDCAT <i>Drinkard</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 9, T-21S, R-37E</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:		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) <i>Shut-In</i> <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-In*Approximate date that temp. aban. commenced: *6-1-71*Reason for temp. aban.: *Uneconomical*

Future plans for Well:

*Holding for secondary recovery*This approval of temporary  
classification expires *Dec 4, 1975*Approximate date of future W. O. or plugging: *Fall 1976*18. I hereby certify that the foregoing is true and correct  
SIGNED *Robert Gault* TITLE *Division Office Manager* DATE *10/30/74*

(This space for Federal or State office use)

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NOV 4 1974

JIM SIMS  
ACTING DISTRICT ENGINEER