

UNITED STATES
DEPARTMENT OF THE INTERIOR

GEC GICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Continental Oil Company | | 8. FARM OR LEASE NAME Leekhart A-30 | |
| 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240 | | 9. WELL NO. 11 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL + 1650' FWL of SEC. 30 | | 10. FIELD AND POOL, OR WILDCAT Hobbs, New Mexico Sec. 30, T-21S, R-36E | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3620' DF | 12. COUNTY OR PARISH Lea | 13. STATE NM |

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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>Shut in</u> | (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: 2-12-69
Reason for temp. aban.: uneconomical
Future plans for Well:

Hold for secondary recovery

This approval of temporary abandonment expires Dec. 1, 1975

Approximate date of future W. O. or plugging: Fall, 1976

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

SIGNED Robert L. Ford TITLE Division Office Manager DATE 10/30/74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ APPROVED _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMFL-4, File

*See Instructions on Reverse Side

NOV 5 1974
JIM SIMS
ACTING DISTRICT ENGINEER