

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030133 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
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' FNL on 2 1980' FWL of Sec 28

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
South Eunice Unit

9. WELL NO.
35 (Formerly Meyer)

10. FIELD AND POOL, OR WILDCAT
South Eunice 7 Rivers Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 28, T-22S, R-36E

12. COUNTY OR PARISH
Dea

13. STATE
N. Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		OTHER DATA	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	REPAIRING WELL	☐
(Other)	☐	ALTERING CASING	☐
PULL OR ALTER CASING	☐	ABANDONMENT*	☐
MULTIPLE COMPLETION	☐	(Other) <i>Converting to injection</i>	☒
ABANDON*	☐	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
CHANGE PLANS	☐		

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.) *

Pulled 2 3/8" tubing from well. Run tension packer on 2 3/8" cement-lined tubing and set at 3576' w/ 10 pts tension.

18. I hereby certify that the foregoing is true and correct
SIGNED Robert Gault III ADMINISTRATIVE SUPERVISOR
TITLE _____ DATE 8-7-72
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

USGS (5)

FILE

5. Eunice Unit - 22
*See Instructions on Reverse Side

ACCEPTED FOR RECORD

AUG 9 1972

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

AUG 10 1972

OIL CONSERVATION COMM.
HOBBS, N. M.