UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMEN OF THE INTERIOR verse side)

		Budget			o. 42-R	142
٠.	LEASE	DESIGN	ATION	AND	SERIAL	NO.
		-	-			

GE	OLOGICAL SURVEY	TO FARME	NM-13/25		
SUNDRY NOTICE (Do not use this form for proposals Use "APPLICATION")	ES AND REPORTS (to drill or to deepen or plug l ON FOR PERMIT—" for such p	ON WELLS back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TEIBE NAME		
OIL GAS TX		NOV 1 10 74	7. UNIT AGREEMENT NAME		
WELL WELL OTHER NAME OF OPERATOR		V. t	8. FARM OR LEASE NAME		
Continental Oil Company		$F_{ij} = F_{ij} = F$	meyer A-29		
3. ADDRZSS OF OPERATOR			9. WELL NO.		
P. O. Box 460, Hobbs, No	ew Mexico 88240				
LOCATION OF WELL (Report location clear See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT				
660'FSL 4	1988 FEL F	1 Sec. 29	11/SEC., T., R., M., OR BLK, AND		
660 F32 4 1			SURVEY OF ARMA		
			lea 29 1-22 d R-3		
14. PERMIT NO.	15. ELEVATIONS (Show whether DE	P, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		
	3519	DE	Lea NM		
			D. D		
	Check Appropriate Box To Indicate Nature of Notice, Report, or Ot				
NOTICE OF INTENTIO	N TO:	SUBSECUS	ENT REPORT OF:		
TEST WATER SHUT-OFF PUL	L OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL		
	TIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING		
	NDON*	SHOOTING OR ACIDIZING	ut - In X		
REPAIR WELL CHA	NGE PLANS	(Other)(Note: Report results	of multiple completion on Well		
7. DESCRIBE PROPOSED OR COMPLETED OPERAT proposed work. If well is directional	ly drilled, give subsurface loca	et details and rive pertinent dates.	etion Report and Log form.) including estimated date of starting any il depths for all markers and zones perti-		
Status of Well: She	it-In				
Approximate date that to	emp. aban. commence	ed: 12-4-60			
Reason for temp. aban.:	A Manager Commence				
	uneconomica				
Future plans for Well:					
· ·					
S FURY F	OR REMEDIAL	LWORK			
	This arrangel o	f temporary 🖊			
		Van 1,1979	5		
		the att of the sand of the sand			
•					
Approximate date of futu		ing: FALL 197	6		
S. I hereby certify that the foregoing is tr	U = n	vision Office Manager			
SIGNED KTUIN / Stud	TITLE DI	VISION Office Manager	DATE		
(This space for Federal or State office t	ise)				
APPROVED BY	TITLE		DATE		
CONDITIONS OF APPROVAL, IF ANY			APPROVED		
					

USGS-5 NMFU(4) PILE