(May 1963)

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

RECEIVED NOV 1974

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
P. O. 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

1980' FNL & 660' FEL of Sec. 12

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3409'KB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Stevens B

9. WELL NO.
10

10. FIELD AND POOL, OR WILDCAT
Langlie Mattix Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12 T-23S R-36E

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 [ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]	(Other) *Shut in*	[X]
(Other)		(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: *7-1-69*
Reason for temp. aban.: *uneconomical*

Future plans for Well:

Holding 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 _____ 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:

NOV 5 1974
Jim Sims
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5, *NMFU-4, File*