

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate\*  
(Other Instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

CC 038556 (6)

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

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

660' FSL & 1980' FEL

7. UNIT AGREEMENT NAME

NM FU

8. FARM OR LEASE NAME

STEVENS B-14

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Langlie MATIX 2RUR

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 14, T-23S, R-36E

14. PERMIT NO.

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

3370' KB

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:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

REPAIRING WELL

☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

Shut In

X

(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: 8-1-63

Reason for temp. aban.: Uneconomical

Future plans for well:

Holding for secondary recovery

This approval of proposed abandonment expires DEC 1 1976

Approximate date of future W. O. or plugging: Indefinite

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

SIGNED

B. D. Miller

TITLE

Asst. Staff Asst

DATE

12-1-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
DATE

JAN 13 1976

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

USGS (5) FILE NM FU (4)

\*See Instructions on Reverse Side

## DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Budget Bureau No. 42-R142

GEOLOGICAL SURVEY

## 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 Shuman B-14	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FEL of Sec 14		10. FIELD AND POOL, OR WILDCAT Laughlin, Mather Seven Rivers	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3370' KB	
		12. COUNTY OR PARISH La	
		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut in</u>	(Other) <u>X</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 inApproximate date that temp. aban. commenced: 8-1-63Reason for temp. aban.: uneconomical

Future plans for Well:

Holding for secondary recoveryDec 1, 1975Approximate date of future W. O. or plugging: Fall, 1976

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

SIGNED [Signature] TITLE Division Office Manager DATE 10/30/74

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] APPROVED

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMFH-4, File

\*See Instructions on Reverse Side

NOV 5 1974  
JIM SIMS  
ACTING DISTRICT ENGINEER

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Continental Oil Company</b>				Lease <b>Stevens B-14</b>		Well No. <b>3</b>	
Unit Letter <b>0</b>	Section <b>14</b>	Township <b>23</b>	Range <b>36</b>	County <b>Lea</b>			
Pool <b>Langle-Mattix</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>J</b>	Section <b>14</b>	Township <b>23</b>	Range <b>36</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 4157, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Phillips Petroleum Co.</b>			Date Con- nected <b>6-21-62</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 2105, Hobbs, N. M.</b>			
If gas is not being sold, give reasons and also explain its present disposition:							
<p align="center"><b>REASON(S) FOR FILING (please check proper box)</b></p> <p>New Well ..... <input type="checkbox"/> Change in Ownership ..... <input type="checkbox"/>  Change in Transporter (check one) Other (explain below)  Oil ..... <input type="checkbox"/> Dry Gas ..... <input type="checkbox"/>  Casing head gas . <input checked="" type="checkbox"/> Condensate.. <input type="checkbox"/></p>							
<b>NMOCC-5 WAM SW File</b>							
Remarks							
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.							
Executed this the <b>27th</b> day of <b>June</b> , 19 <b>62</b> .							
OIL CONSERVATION COMMISSION				By			
Approved by <i>Leshie A. Clements</i>				Title <b>Dist. Supt.</b>			
Title				Company <b>Continental Oil Company</b>			
Date				Address <b>Box 68, Eunice, N. M.</b>			