

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Budget Form No. 42-R1421

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-030556 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Stevens B-15

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Langha Matha
Seven Rivers

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

Sec. 15 T-23S R-36E

12. COUNTY OR PARISH

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER2. 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' FWL of Sec. 15

14. PERMIT NO.

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

3899' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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: 3-1-62

Reason for temp. aban.: uneconomical

Future plans for Well:

Holding for secondary recovery

This report was prepared by
and submitted on Dec 4, 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 10/30/79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

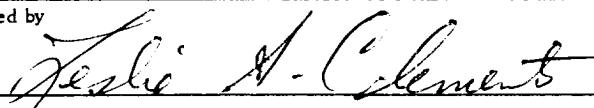
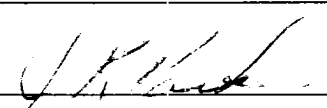
DATE

APPROVED

USGS-5, NM FH-A, 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 Continental Oil Company			Lease Stevens B-15	Well No. 3
Unit Letter N	Section 15	Township 23	Range 36	County Lea
Pool Langlie-Mattix			Kind of Lease (State, Fed, Fee) Federal	
If well produces oil or condensate give location of tanks		Unit Letter N	Section 15	Township 23
				Range 36
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Co.			Address (give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas	
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"/> Phillips Petroleum Co.		Date Connected 6-21-62	Address (give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico	
If gas is not being sold, give reasons and also explain its present disposition:				
REASON(S) FOR FILING (please check proper box)				
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"/>				
NMOCC-5 WAM SW File				
Remarks				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the <u>26th</u> day of <u>June</u> , 19 <u>62</u> .				
OIL CONSERVATION COMMISSION			By	
Approved by 				
Title Leslie A. Clement			District Superintendent	
Date			Company Continental Oil Company	
			Address Box 68, Eunice, N. M.	