

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(*Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
7. LEASE DESIGNATION AND SERIAL NO.LC-030557 (a)
8. 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 ☐	7. UNIT AGREEMENT NAME nm fu
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME FARNEY A-17
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FWL & 1650' FWL	10. FIELD AND POOL, OR WILDCAT Jalmar Yates 9KURS
11. SECTION, T., R., S., OR BLK. AND SURVEY OR AREA Sec. 17, 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:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐
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) <u>Shut In</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 In
Approximate date that temp. aban. commenced: 7-24-66
Reason for temp. aban.: uneconomical
Future plans for well:

Holding for secondary recoveryThis approval of temporary
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 [Signature]TITLE [Signature]DATE 12-1-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

USGS (S) NMIFU (4) file

*See Instructions on Reverse Side

