

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other Instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-068777
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 FNL + 1650' FEL of Sec. 35

14. PERMIT NO.

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

3108' DF

7. UNIT AGREEMENT NAME

North El Mar Unit

8. FARM OR LEASE NAME

North El Mar Unit

9. WELL NO.

46

10. FIELD AND POOL, OR WILDCAT

El Mar Delaware

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

Sec. 35, T-26S, R-32E

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)

(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 perti-
nent to this work.)

Status of Well: Shut-In

Approximate date that temp. aban. commenced: 11-1-73

Reason for temp. aban.: Uneconomic

Future plans for Well:

Will convert to injection

Approximate date of future W. O. or plugging: 1st QTR. 1975

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

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE

NOV 4 1974

JIM SIMS

ACTING DISTRICT ENGINEER