

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**LC 030556(2)**

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**1980' FNL & 660' FNL of Sec. 34**

14. PERMIT NO.

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

**3417' DF**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Steven A-34**

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

**Jalmat Water (km)**11. SEC., T., R., M., OR PL. AND  
SURVEY OR AREA**Sec. 34 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 ☐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)

(Note: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☒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: **12-11-74**Reason for temp. aban.: **Un economic to produce**

Future plans for Well:

**Will study remedial possibilities.**Approximate date of future W. O. or plugging: **3rd Quarter 75**

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

SIGNED

**Robert B. Bault**

TITLE

**Division Office Manager**

DATE

**1-2-75**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

USGS-5, NMFL-4, File