

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other Instructions on Reverse Side)

Budget Bureau No. 42-11421.

5. LEASE DESIGNATION AND SERIAL NO.

2C-030168(a)

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 ☐	7. UNIT AGREEMENT NAME nmfu
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Eaves A
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 2310' FEL	10. FIELD AND POOL, OR WILDCAT Sageboringh Gates 7Rues
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-26S, R-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2954' DF	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) <u>Shut In</u>	

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: 10-1-73

Reason for temp. aban.: UNECONOMICAL

Future plans for well:

Study for remedial work

This approval of temporary abandonment expires

DEC 1 1976

Approximate date of future W. O. or plugging: 4th Qtr. 1976

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

SIGNED B. D. McKinzie

TITLE Asst. Supv. Asst.

DATE 12-1-75

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS (5) nmfu (4) file

*See Instructions on Reverse Side

