

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	NOV 1 1974	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Continental Oil Company	U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO	8. FARM OR LEASE NAME Eaves "A"
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		9. WELL NO. 14
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL + 660' FWL of Sec. 30.		10. FIELD AND POOL, OR WILDCAT Scarborough Yates 7-Rm
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2982' DF	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-26S, R-37E
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut-In</u>	
(Other) <input type="checkbox"/>		(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-InApproximate date that temp. aban. commenced: 3-28-74Reason for temp. aban.: Uneconomical

Future plans for Well:

STUDY FOR REMEDIAL WORK

This approval of temporary
abandonment expires DEC 1, 1975

Approximate date of future W. O. or plugging:

3rd QTR. 1975

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

SIGNED Robert Dault IIITITLE Division Office ManagerDATE 10/30/74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

USGS-5

NMFU(4) File

*See Instructions on Reverse Side

NOV 1 1974
JIM SIMS
ACTING DISTRICT ENGINEER