

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. BASE DESIGNATION AND SERIAL NO.

46-030169 (6)
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.)

RECEIVED
NOV 1 1974

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 U. S. HOBBES, NEW MEXICO

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
330' FSL & 1980' FWL of Sec. 31

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Egan B-1

9. WELL NO.
9

10. FIELD AND POOL, OR WILDCAT
Seabrook Water
Seven Rivers

11. SEC. T., R., M., OR BLE. AND SURVEY OR AREA
Sec. 31 T. 26S. R. 37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2934' DF

12. COUNTY OR PARISH
Red
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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut in</u>	<input checked="" 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 in
Approximate date that temp. aban. commenced: 4-73
Reason for temp. aban.: Uneconomical

Future plans for Well:
Holding for secondary recovery

Checked and approved by
District Engineer Dec 4, 1975

Approximate date of future W. O. or plugging: Fall '76

18. I hereby certify that the foregoing is true and correct
SIGNED Robert J. Hall III TITLE Division Office Manager DATE 10/30/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APPROVED

NOV 5 1974
JIM SIMS
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side