

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Lynn 6-1
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240	9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSK & 660' FEE 17 Sec. 26 1980' FSK & 660' FEE 17 Sec. 26	10. FIELD AND POOL, OR WILDCAT Jalmat Pool
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 26 T. 23S R. 36E	12. COUNTY OF PARISH NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3349' DF

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(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 pertinent to this work.)

Status of Well: Temporarily Abandoned
Approximate date that temp. aban. commenced: 11-14-72
Reason for temp. aban.: uneconomical
Future plans for Well:

Study for remedial work

This approval of temporary
abandonment expires 2-1-1975

Approximate date of future W. O. or plugging: 4th Qtr. 1975

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

SIGNED Robert A. Sims TITLE Division Office Manager

DATE 10/30/74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

USGS-5, NMFK-4, File

*See Instructions on Reverse Side

NOV 1 1974
J. A. SIMS
ACTING DISTRICT ENGINEER