

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions reverse 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 Stennis B	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		9. WELL NO. 20	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1650' FEL of Sec. 18		10. FIELD AND POOL, OR WILDCAT Laughlin Field Sutton River	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3347' KB	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18 T-235 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 ☐	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) <u>Shut in</u>	(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: Shut in
Approximate date that temp. aban. commenced: 6-20-73
Reason for temp. aban.: uneconomical
Future plans for Well:

Holding for secondary recovery

This approval of temporary abandonment expires Dec 1, 1975

Approximate date of future W. O. or plugging: Fall, 1976

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

SIGNED [Signature] TITLE Division Office Manager DATE 10/30/74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NOV 5 1974
JIM SIMS
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5, NMFH-4, File