

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
3. LEASE DESIGNATION AND SERIAL NO.

LC - 032582 67

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC. T., R., E., OR BLK. AND
SURVEY OR AREA

12. COUNTY OR PARISH

13. STATE

NM

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 ☒ OTHER2. NAME OF OPERATOR
Continental Oil Company3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, New Mexico 882404. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL & 660' FEL & SEC. 1

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)

3252' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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: *4-5-74*Reason for temp. aban.: *Uneconomical*

Future plans for Well:

*Will study for remedial work*This approval of temporary
abandonment expires *Dec 1, 1975*Approximate date of future W. O. or plugging: *4th QTR 1975*

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

SIGNED *Robert F. Hill* TITLE *Division Office Manager*DATE *10/30/74*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE **APPROVED**

USGS-5, NMFR-4, F. 1/2

*See Instructions on Reverse Side

NOV 4 1974
JIM SIMS
ACTING DISTRICT ENGINEER

RECEIVED

NOV 11 1964
U.S. COMMISSION ON CIVIL RIGHTS
WASHINGTON, D. C.