(May 1963) UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on reverse side) Budget Bureau No. 42-R1424

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.: LC 031670(a)

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 ☒ GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: Lennon [illegible]

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, New Mexico 88240

9. WELL NO.: 21

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 2620' FNL and 1300' FWL of Sec 19

10. FIELD AND POOL, OR WILDCAT: [illegible] Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 19, T-20S, R-38E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3551' Lst Gd.

12. COUNTY OR PARISH: Lea

13. STATE: N. Mex

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)			☐
(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.)*

Please cancel our permit to drill this well approved by your office on 9-16-71 because the well will not be drilled,

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

SIGNED [signature] TITLE Administrative Supervisor DATE 12-17-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DEC 20 1971
U. S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

USGS (5) File NMFU (4)

*See Instructions on Reverse Side