Form 9-331 (May 1963)	Old I LD STATES	IN TRIPLICATE* Form approved. Budget Bureau No. 42-R1424.
	DEPARTMENT OF THE INTERIOR Verse sid	5. LEASE DESIGNATION AND SERIAL NO.
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use	SUNDRY NOTICES AND REPORTS ON WELLs this form for proposals to drill or to deepen or plug back to a difference "APPLICATION FOR PERMIT—" for such proposals.)	ent reservoir.
	Use "APPLICATION FOR PERMIT—" for such proposals.)	Jicarilla H pach
OIL GA	AS OTHER	
2. NAME OF OPERAT		8. FARM OR LEASE NAME
Cont	inental Vil Company	HX/HAache U
3. ADDRESS OF OPE	460 Hobbs N.M. 88240	
See also space 1	LL (Report location clearly and in accordance with any State requirem 17 below.)	ients.* 10. FIELD AND POOL, OR WILDCAT
At surface	FSL + 805 'FEL of Sec. 4	S Blanco-Pictured C
1222 1		SURVEY OR AREA
	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12 COUNTY OF PARISH 13. STATE
14. PERMIT NO.	7273'	Rio Arriba N.M.
16.	Check Appropriate Box To Indicate Nature of No	
10.	NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER S		SHUT-OFF REPAIRING WELL
FRACTURE TREA		JRE TREATMENT ALTERING CASING
SHOOT OR ACID	OIZE ABANDON* SHOOTI	ing or acidizing S/8" C59.
REPAIR WELL (Other)		Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
	SED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and rk. If well is directionally drilled, give subsurface locations and meas	
nent to this v	dded on 6-20-77. Drill Set 1/joints of 85/8", 24	11 ad 12/4" hale to
Spu	idded on 6-20-11. Dril	# = 05:14 11016
506	1 Sat 1/ joints of 83/8", 24	TH Casing ar 506.
<i></i>	ented w/160 Sx Class B w/	1670 gel, 270 Cac/2 and
Cem	ented w/ 160 SX C/0330	
C 11	1 1/20 SX Class B W/	2% Caciz Dropped pla
4011	owed with large and Flu	, Plugged down at
and	ented w/160 Sx Class B w/ owed w/120 Sx Class B w/ displaced w/31.7 BBL FW	
/ !	5 pm. Drilled whead w/	63/4" hole.
1.45	ρm . Divis	
18. I hereby certif	ly that the foregoing is true and correct	
SIGNED W	y that the foregoin is true and correct W. O. Devilley will TITLE ADMIN.	Supv. DATE 7-6-77

*See Instructions on Reverse Side

DATE

(This space for Federal or State office use

CONDITIONS OF APPROVAL, IF ANY: