Form 9-331 May 1963)	DEPART	UNITED STAT	TES E INTERIOI	SUBMIT IN TRIPLICATE (Other instructions verse side)	re Form approving Budget Burer 5. LEASE DESIGNATION	au No. 42-R1424.
		EÖLUGICAL S		•	LC 030467	
(Do not use	JNDRY NOT	ICES AND REAL AND REA	EPORTS ON epen or plug back	WELLS to a different reservoir.	O. IF INDIAN, ADDOTTE.	E UR IRIDE NAME
 Ju	t 27° 4 13° f	M.222			7. UNIT AGREEMENT NA	AMB
WELL K GAS	LLOTHER				NMFU 8. FARM OR LEASE NA	ME
2. NAME OF OPERATO					Vaughn B.	~-
CONTINE 3. ADDRESS OF OPER	ntal Oil C	ompany			9. WELL NO.	. :
P. O. E	ox 460, Ho	10. FIELD AND POOL, O	N WILDCAT			
4. LOCATION OF WELL See also space 17 At surface	L (Report location c below.)	Langlie Mat				
	FNT. & 165	O TWIL Of	Sec 1	T-24S, R-36E,	11. SEC., T., R., M., OR SURVEY OR AREA	BLK. AND
	Sounty, New		Dec. 1,	1-240, 11-300,		
14. PERMIT NO.			how whether DF, RT	. GR, etc.)	Sec. 1. T-2	24S R-36E
11, 1200112 110,			353 DF		Lea	N M
	Charle A			ure of Notice, Report, o		
	NOTICE OF INTER	•	o marcare i tar		SEQUENT REPORT OF:	
TEST WATER SH		PULL OR ALTER CASI	NG T	WATER SHUT-OFF	X	WELL
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING (CASING
SHOOT OR ACIDI	ze	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMI	CNT*
REPAIR WELL		CHANGE PLANS		(Other) (Nore: Report re	sults of multiple completion ompletion Report and Log for	on Well
(Other) 17. DESCRIBE PROPOS	ED OR COMPLETED OP	ERATIONS (Clearly sta	ate all pertinent d	letails, and give pertinent dis and measured and true ve	ates, including estimated da	ite of starting any
Twisted fish 7- Ran 28 W/180 s	off leavi -15-65. De Jts. (883) ax class "c 5. Top of 2731. W	ng six 4 (eepened to ") of 4 1/2 " cement N	3/4" dril 3625 TD. 2" Liner W/1/4*Tuf 2900' by	cement plug 29 1 collars on 7 Ran GR-Sonic and set @ 3625 Plug. Plug of Temperature Su ed liner W/1,0	7-14-65. Record and Later Logo. Cemented lown @ 1:45 p. Party of the contract	m
18. I hereby certify	that the foregoing	is true and correct				
signed Z	uman	Camo	TITLE _St	aff Assistant	DATE 7-1	9-65
(This space for	Federal or State of	ffice use)				a · · ·
APPROVED BY	YOF APPROVAL, IF	ANY:	TITLE	· · · · · · · · · · · · · · · · · · ·	DATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			ROS 2, PA	AN AM HOBBS-3,		
		* S	ee Instructions	on Reverse Side	5 新麗山 发	