Form 9-331

## **UNITED STATES**

SUBMIT IN TR. .. CATE.

Form approved.

Budget Bureau No. 42-R1424.

|   | DEPARTMENT OF THE INTER   | RIOR verse side)                  | 5. LEASE DESIGNATION AND SERIAL NO.                            |
|---|---|-----------------------------------|--|
|   | GEOLOGICAL SURVEY   |                                   | (LE-0577777CD)   |
| SUN   | NDRY NOTICES AND REPORTS  | ON WELLS                          | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                           |
| (Do not use thi                               | s form for proposals to drill or to deepen or plug<br>Use "APPLICATION FOR PERMIT" for such               | s back to a different reservoir.  |  |
| 1. GAS  | OTHER WATER Su  | inct-con                          | 7. UNIT AGREEMENT NAME   |
| WELL WELL 2. NAME OF OPERATOR                 | i office Water  |                                   | 8. FARM OR LEASE NAME  |
| Conte   | nental all  | Co.                               | Forest fool Unit   |
| 3, Address of Operato                         | 460 Habbs   | 79.5/FEINED                       | 9. WELL NO.  |
| 4. LOCATION OF WELL (<br>See also space 17 be | Report location clearly and in accordance with an low.)   |                                   | 10. FIELD AND POOL, OR WILDCAT                                 |
| At surface                                    | ,   | JAN 1 5 1973                      | 11/SEC, T., R., M., OR BLE. AND                                |
| agn'EC  | L and 1651 Ful  | N C - 20                          | SURVEY OR AREA   |
| 71073   | c ond rost ruc  | ARTESIA, DEFICE                   | Sec 35,7-145, R-29E  |
| 14. PERMIT NO.                                | 15. ELEVATIONS (Show whether  | DF, RT, GR, etc.)                 | 12. COUNTY OF PARISH 13. STATE                                 |
|   | 365   | 5 09                              |  |
| 16.   | Check Appropriate Box To Indicate   | • • •                             |  |
|   | NOTICE OF INTENTION TO:   | SUBSEC                            | QUENT REPORT OF:   |
| TEST WATER SHUT-                              | OFF PULL OR ALTER CASING MULTIPLE COMPLETE  | WATER SHUT-OFF FRACTURE TREATMENT | REPAIRING WELL ALTERING CASING                                 |
| FRACTURE TREAT SHOOT OR ACIDIZE               | ABANDON*  | SHOOTING OR ACIDIZING             | ABANDONMENT*   |
| REPAIR WELL                                   | CHANGE PLANS  | (Other)                           | to of multiple completion on Well                              |
| (Other) 5he                                   | et-off water X  | Completion or Recom               | s of multiple completion on Well pletion Report and Log form.) |
|   | on completed operations (Clearly state all pertin<br>if well is directionally drilled, give subsurface lo |                                   |  |
|   | osed to Shut off<br>oped to Shut off<br>oped to Shut off<br>ond for sond<br>o' and squeey                 | + water by                        | The following  |
| tes (yill)                                    | order .   |                                   | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -                        |
| -0d 0s  | ! Plug bock -   | en open no                        | re so 25 20 w,   |
| Macon   |   | 1. + com                          | ent retainer a   |
| 0   | and for soma  | · Mer Com                         |  |
| a grover                                      |   | o open had                        | le W/ 100 50-ch  |
| 10111   | o and Square  |                                   | a d Dag 10.  |
| 470 - 646                                     | 0.00  | 2 out plus                        | a cond pressure  |
|   | a cont  |                                   | •  |
| loss C C                                      | o' and squeeys<br>ement. Diels<br>sense to 700 ps   | · ·                               |  |
| + 60.11                                       | sens to   |                                   |  |
| AL UTION                                      | •   |                                   | CONED  |

RECEIVED JAN 12 1973

A S. Challer C. STATE

| 4  |                                | ACCURA, NEW MEXICO |
|--|--------------------------------|--------------------|
| 18. I hereby certify that the foregoing is true and correct SIGNED Chart Jan 111 | TITLE admin. Supervisor        | -DATE /-//-73      |
| APPROVED BY CONDITIONS OF APPROVAL, IF ANY:                                      | TITLE                          | DATE               |
| ACTING DISTRICT ENGINEER *Se   | e Instructions on Reverse Side |                    |

115GG-Artesia PRA-1 Fil.