			打. 桥.	0, 0, 0 ma	4 			
	9-331 / 1963)	DEPARTM	NITED STA ENT OF TH	E INTERIC	SUBMIT IN TRIP (Other instruction verse side)	s on re-i	Form approved. Budget Bureau LEASE DESIGNATION AN C 062618	
		RY NOTIC	ES AND RI	EPORTS O	N WELLS	d'	IF INDIAN, ALLOTTEE O	R TRIBE NAME
	VELL GAS X	OTHER			<u> </u>		UNIT AGREEMENT NAME	
	Continental	011 Co	mpany	······································	· · · · · · · · · · · · · · · · · · ·	G	Well NO.	Ld
·	P. O. Box 2 ocation of well (Rep dec also space 17 below. At surface	ort location clea	bs, New M	lexico 88	240 ate regulrements.•	¥	1 Definition of w	-
	1980' FSL a Unit Letter	and 1988 "K", E	' FWL, Se ddy Count	c. 21, 1 y, New M	-16, R-27, exico		CONT. CAS POO BURYET OR AREA	. AND
14. 1	PERMIT NO.		15. ELEVATIONS (S)	how whether DF, R 573' DF	T, GR, etc.)		ec. 21. T-16 2. COUNTY OF PARISH 1 ddy	5 <u>, R-27</u> 3. state N.M.
16.	Check Appropriate box to indicate Nature of Notice, Report, or C)ther Data	
	NOT TEST WATER SHUT-OFF FRACTURE TBEAT SHOOT OR ACIDIZE REPAIR WELL (Other)	MU	DN TO: LL OB ALTER CASIN LTIPLE COMPLETE ANDON® ANGE PLANS		WATER SHUT-OFF FRACTURE TEBATMI SHOOTING OR ACID (Other)	ENT	REPORT OF: REPAIRING WEI ALTERING CASI ABANDONMENT ⁴ multiple completion on	Well
17. 1	(Other) DESCRIBE PROPOSED OR CO proposed work. If w	MPLETED OPERA	TIONS (Clearly sta	te all pertinent			n Report and Log form. luding estimated date of	
	proposed to	p plug a perf 2. Fill 3. Cut 4. Plac 5. Plac 6. Plac 6. Plac (138	nd abando 25 sacks orations hole wit and pull e 25 sach e 25 sach e 25 sach e 25 sach e 10 sach	on the we from 859 th 10# mi 4800' of as cemen as from 2 as cemen	s below the ll using the C" 4% gel c 00'-8740'. d. 7" casing t plug in to 2800'-2900'. t plug in ba t plug at su urn location	e follo ement, (TOC-48 p of 7' se of f	wing procedu plug across 300' by temp 'casing. intermediate	ire: . surve casing
					REG	CT 12196	57 AL SURVET N MEXICO	
	i hereby certify that the	e foregoing is t	rue and correct	TITLE Sup	N.S. AR . Prod. Engi		DATE 10-9-6	57
A	This space for Federal APPROVED BY CONDITIONS OF APPI USCS-5 FI	or State office	SPRAV	ED TITLE 967		<u></u>	DATE	
			R. L. See	Instructions of	on Reverse Side			