	IIAUGED OTATEO	Form approved.
Form 9-331 (May 1963)	Other ED STATES	Budget Bureau No. 42-R
D!	EPARTMEN)F THE INTERIOR verse	side) 5. Lease designation and serial
	GEOLOGICAL SURVEY	
CHAIDD	Y NOTICES AND REPORTS ON WE	6. IF INDIAN, ALLOTTEE OR TRIBE N
	de managala to deill on to deepen or plug back to a di	fferent reservoir.
(Do not use this form Use	"APPLICATION FOR PERMIT—" for such proposals.)	
1.	110	7. UNIT AGREEMENT NAME
OIL GAS WELL	OTHER WATER SHEETER	m ///CH
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Continen	tal Oil Company	MCH West
3. ADDRESS OF OPERATOR		9. WELL NO.
Box 460	Hobbs, New Mexico 88240	#15
4. LOCATION OF WELL (Repor	t location clearly and in accordance with any State requi	rements. 10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	160x	more G-SHICO
	1780, -	11. SEC., 27, R., M., OR BLK. AND SURVEY OR AREA
660'FSL 0	and total FWL at Sec	C = C = C = C = C = C = C = C = C = C =
4601560		Sec 29,1-115,1
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.	12. COUNTY OF PARISH 13. STATE
	3918 6	10a NIII
	D T 1 1 1 1 1 1 1	N. C. D. A. D. Other Date
16.	Check Appropriate Box To Indicate Nature of	
NOTIC	E OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING WAY	TER SHUT-OFF REPAIRING WELL
FRACTURE TREAT		CTURE TREATMENT ALTERING CASING
1		OOTING OR ACIDIZING ABANDONMENT*
SHOOT OR ACIDIZE	 .	ther) Acting lines
REPAIR WELL	CHANGE PLANS	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other)	The same onen mions (Clearly state all pertinent details.	and give portinent dates, including estimated date of startin
proposed work. If well	is directionally drilled, give subsurface locations and n	neasured and true vertical depths for all markers and zones
nent to this work.) *	· •	3839. Cemented w/1 o gcl and 34 of 190
Day ULLUS	g < # casing at	Josy. Comenco of
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10 11 20 20 20 20 20 20 20 20 20 20 20 20 20	toregoing is true and correct Administrat	ive Supervisor 7-31-7

IS. I hereby cerrity that the foregoing is true and correct Administrative Supervisor SIGNED STATE TITLE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

USGS (5) FILE MCA(3) *See Instructions on Reverse Side GEOLOGICAL SURVEY HOBBS, NEW MEXICO

RECEIVED

AUG C 1070 OIL CONSERVATION CONTM. HOBES, N. M.