		UNITED S	TATES	SUBMIT IN		, Norma	poroveđ.
Norm 2-331 (May 1963)	DEPAR	TMENT OF		OR verse side)	uctions on re-	Budget	BUTTERN NO. 42-1 ATION AND SERIAL
		GEOLOGICAI					
	SUNDOV NY	DTICES AND		SAL SPECT C		G. IF INDIAN, ALI	LOTTRE OR TRIBE
(Do not us	se this form for pro Use "APPL	oposals to drill or t ACATION FOR PER	o deepen or plug be MIT_" for such pre	FIN VIELLD ack to a different r opczala.)	eservoir.		·
i. WELL X	AS OTHER	3		na manana ka manana ang ka	:	7. UNIT AGBEEME MCA	INT NAME
2. NAME OF OPER						8. FARM OR LEAS	E NAME
Continental Oil Company 2. ADDRESS OF OPERATOR					MCA Unit	A TY	
P. O. Box 460, Hobbs, New Mexico 88240						9. WELL NO. .217	
See also space At surface	17 below.)	a creatily and the act	tordance with any p	state requirements,	-	Maijamar	Repress.
660' FSL Lea Coun	. & 1980' 1 hty, New Me	FWL, Secti exico	lon 30, T-	175, R-32	Ε.	(GSA) POC II. BEC., T., B., M SUBVEY OR	. OR BLK. AND
						Sec. 30,	T-17S, R
14. PERMIT NO.		15. ELEVATIONS	s (Show whether DF,		4. 12	12. COUNTY OR P.	ARISH 13. STATE
10			<u>3883' D</u>			Lea	<u>N.M.</u>
16.	Check /	Appropriate Box	(To Indicate No	ature of Notice,	Report, or O	ther Data	
	NOTICE OF INT	TENTION TO:			SUBSLOU	ENT REPORT OF :	
TEST WATER &	SHUT-OFF	PULL OR ALTER C	ASING	WATER SHUT	-0FF	REPAIR	NNO WELL
FRACTURE THE SHOOT OR ACH		MULTIPLE COMPL	ste	FRACTURE TI		ALTERI	ING CASING
REPAIR WELL		ABANDON*		SHOOTING OF	ACIDIZING	ABANDO	ONMENT*
		CHARGE PLANK		(Other)			
(Other) COI	nvert to W	CHANGE PLANS	x	Comple	ation of Recomple	of multiple completion Report and I	an form \
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