Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPECATE*	
•	DEPARTM T OF THE INTERIO	OR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	IDRY NOTICES AND REPORTS O		G. IF INDIAN, ALLOTTED ON TRIBE NAME
(Do not use this	form for proposals to drill or to deepen or plug bac Use "APPLICATION FOR PERMIT" for such pro-	ck to a different reservoir.	*
1.	1.1 -4		7. UNIT AGREEMENT NAME
WELL GAS WELL	OTHER Wall July	eter	MCH
2. NAME OF OPERATOR Con 1	tinental Oil Company		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	· ·	· · · · · · · · · · · · · · · · · · ·	9. WELL NO.
Вох	460 Hobbs, New Mexico	88240	162
4. LOCATION OF WELL (I See also space 17 bel	Report location clearly and in accordance with any S	tate requirements.*	10. FIELD AND POOL, OR WILDCAT
At surface			may G-SH Repu
1000/ EN	L and 1980' FWL of	1 (00 70	11. SEC., O., R., M., OR BLK. AND SUBLY OR ABEA
1980 170	L one 1/80 POL 0	7 Sec 2030	Sec 3 7-175 P-32
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, i	RT, GR, etc.)	12. COUNTY OR PARISH 13 STATE
	3899	1 de	Sea Vinge
16.	Check Appropriate Box To Indicate No	sture of Notice Report or C	Other Data
	NOTICE OF INTENTION TO:		UENT REPORT OF:
			<del>-</del> 1
TEST WATER SHUT-0		WATER SHUT-OFF	REPAIRING WELL ALTERING CASING
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE  ABANDON*	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Sette	ng lines X
(Other)			s of multiple completion on Well defion Report and Log form.)
managed mode It	R COMPLETED OPERATIONS (Clearly state all pertinent f well is directionally drilled, give subsurface location	one and measured and true vertica	al denths for all markers and zones perti-
nent to this work.)	pocker at 3924. 2890 NE ocil. x nented W/200 S		11 30011/ 511/1
~ NH 1	rocker at 3924.	Treated or	4 2924 -34 0
		1 . 11/11	a CH CAN'
a let	2890 NE oud. X	Let Fry	1.3 74 Care
) gave		ab alan	C Cement
/ (0	monted W/200 >	our cers	
35.00			
	1000	2 Eallas	wed willow soc
0 .	nented W/200 S	-2. Follow	wed 4700 500
, acl or	ed 34 of 190 CFR	- 2. 1 ac h	and 3 mak 19
, gel or	ed 34 of 190 CFR	- 2. 1 ac h	and 3 mak 19
, gel or	ed 34 of 190 CFR	- 2. 1 ac h	and 3 mak 19
sel or	next W/ 3# sal	er per sock	and 34 of 19 * packer at
spel or	next W/ 3# sal	er per sock	and 34 of 19 x packer at
solor socce 2-2. to	next W/ 3# sal	er per sock	and 34 of 19 x packer at
sel or se co	nent W/3# sal ment W/3# sal pof cement of pts tension.	er per sock	and 34 of 19 x packer at

18. I hereby certify that the foregother is true and correct  SIGNED Color THE Administrative Supervisor  DATE 7-3/-72				
(This space for Federal or State office use)  APPROVED BY	ACCEPTED FOR RECORD			
CONDITIONS OF APPROVAL, IF ANY:	AUG 2 1972			
USG (5) FILE MCA(3) *See Instructions on F	Reverse SIAOBBS, NEW MEXICO			

## RECEIVED

ADD 0 1872

OIL CORSERVATION CO.AM. Hoods, N. M.