(May 1963)		TATES SUBMIT IN TRII			Form approved. Budget Bureau No. 42-	-R1424.
	DEPARTMENT OF		OR verse side)	5. LEASE	DESIGNATION AND SERIA	AL NO.
- FIRST TO LINE	GEOLOGICAI	L SURVEY			9409 (A)	
SUN	IDRY NOTICES AND	REPORTS C	N WELLS	6. IF INDI	AN, ALLOTTEE OR TRIBE	8 NAME
(Do-not use this form for proposals to drill or to deepen or plug back to a different reservoir.						
1.	•••		·	7. UNIT A	GREEMENT NAME	
oil GAS Well Other Vacer Injection Well						
2. NAME OF OPERATOR					DE LEASE NAME	
Continental Oil Company					ali ax	
3. ADDRESS OF OPERATOR					NO.	
P. O. Box	460, Hobbs, New	Mexico 8	38240	1.2		
P. O. Box 460, Hobbs, New Mexico 88240 4. Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.)					AND POOL, OR WILDCAT	ē
At surface		32		Pears	all Queen Poc	7
600° FSL & 6	60° FWL Set. 33, T-	lis, Reil,	Lea County, New	11. SEC., SUE	T., B., M., OR BLK. AND	
New Mexico, NYFW					D 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
14. PERMIT NO.	I IF Wennesday	(0)				32E
AR. FREMIX NO.		Show whether DF,	RT, GR, etc.)	12. COUNT	TY OR PARISH 13. STAT	rr .
		8 GL		<u>lea</u>	N.M.	
16.	Check Appropriate Box	To Indicate No	ature of Notice, Report, o	or Other Date		
:	NOTICE OF INTENTION TO:	1		SEQUENT REPORT		
TEST WATER SHUT-O	FF PULL OR ALTER C	Larva		一种基础		_
FRACTURE TREAT	MULTIPLE COMPI.	[]	WATER SHUT-OFF		REPAIRING WELL	-
SHOOT OR ACIDIZE	ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING		ALTERING CASING	-
REPAIR WELL	CHANGE PLANS		(Other)		ABANDONMENT*	-
(Other)			(Note: Report res	sults of multiple	completion on Well	
17. DESCRIBE PROPOSED OF	R COMPLETED OPERATIONS (Clearly well is directionally drilled, give	state all pertinent	Completion or Reco	ompletion Repor	stimated date of start	ing anv
proposed work. If nent to this work.)	well is directionally drilled, give	e subsurface location	ons and measured and true ve	rtical depths for	r all markers and zone	s perti-
				(E Control S	
. In order t	o increase its inje	etion rate.	it is proposed to	E actorizer	this well fol	low-
	re set out below:		To me hwakesom for		1 m m m m m m m m m m m m m m m m m m m	22 08 66
rug che bracena	LE SEL DUL WELDWI				With 19	
				September 1		
l. Treat	open hole (3435°-36	47°) w/1,500	O gals. 20% FE Act	d and a si	/25 galas 5	
"ADOMA	LL" additives.			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
	•	•	•	្នៃ ភូមិស្គ ខ្លុំ ភូមិស្គ	e on Be	
2. Return	to injection.			annon Britan Britan Britan		
e e				refinger i fil ano a gof) a no folkin no folkin	- 学 考述***	
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				- 원통회의 없	6 2 5 5 9	
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			10 67	this is	ජීප ර්ලික් <u>ක්</u>	
		:				
	,		CHU >	1.00 A 7 b 22 A 5	RA BEER	
			DISTRICT ENVINEED			
18. I hereby certify that	the foregoing is true and correct	rt ·		<u> </u>	<u>- 제 당시기요</u> 요참 라보스#	
SIGNED ARAG	10 Al Altono	Corner	: vising Engineer		E ENERGY	
		TOLDE Salves	. Vacalie Diseases	DAT	R Carley	
(This space for Feder	ral or State office use)					
שפ משטחמקקק		ji		***	E 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
CONDITIONS OF AP	PROVAL, IF ANY:	TITLE				
				office of the control		
				andf Diobe at Poop blad Off wreen	Teer land	
	*	See Instructions	on Reverse Side	មិន្តិ ពិធី	ಹ ಕ್ಷಹಕ	
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