Form 9-331 (May 1963)		STATES	SUBMIT IN TRIPLICATE®		u No. 42-R14:
	أو	F THE INTERI	OR verse side)	5. LEASE DESIGNATION	
	<del></del>			6. IF INDIAN, ALLOTTEE	
	NDRY NOTICES AT	or to deepen or blus			
1.	Use "APPLICATION FOR	PERMIT—" for such	rdeceded [ ]		
OIL GAS WELL WELL	OTHER	ШШ		7. UNIT AGREEMENT NA	ME
2. NAME OF OPERATOR	C) OTHER		NOV 1 1974	8. FARM OR LEASE NAM	· P
Continental Oil Company  U. S. GEULLIGICA, SURVEY  HORDS				Peanal 6x	
3. ADDRESS OF OPERATO	B	HO	BBS, NEW MEXICO	9. WELL NO.	&X
P. O. Box 46	0, Hobbs, New Mex Report location clearly and i	cico 88240	- MEXICO	/	
See also space 17 bel At surface	Report location clearly and i low.)	n accordance with any	State requirements.	10. FIELD AND POOL, OR	WILDCAT
			ļ.	Bearle !	men
660' FNL 4	660' FEL	7 Sec. 34		11. SEC., T., R., M., OR E. SURVEY OR AREA	LK. AND
				San 30 T 1	7
14. PERMIT NO.	. 15. ELEVA	TIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	3	961'DF		Rea	NM
16.	Check Appropriate	Box To Indicate N	ature of Notice, Report, or Ot	her Data	
	NOTICE OF INTENTION TO:			NT REPORT OF:	Ÿ
TEST WATER SHUT-O	PELL OR ALT	ER CARING			
PRACTURE TREAT	MULTIPLE CO		WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING W ALTERING CA	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMEN	
REPAIR WELL	CHANGE PLAS	is	(Other) Short I	ч	V
(Other)			(NOTE: Report results o Completion or Recomplet	tion Report and Log form	m l
<ol> <li>DESCRIBE PROPOSED OF proposed work. If nent to this work.)</li> </ol>		early state all pertinent give subsurface locat	details, and give pertinent dates, it	ncluding estimated date depths for all markers	of starting a
	11: Short in				-
	date that temp. a		d. 5-22-68		
	•	Cone mic			
_		1 10			
future plans	for Well:	ate waters,	od possibilities		
				,	
			•		
				**	
			·	* #	
		Thia			
		aba-	l of temporary		
· •		and ndonme:	nt expires a/c///	<i>75</i>	
Approximate d	late of future W.	O or pluggin	ig: Fall, 1976		
,			ig:		
S. I hereby certify that	the foregoing is true and co				
SIGNED / 14/4	of Fred / II	TITLE Di	vision Office Manager	. DATE 10/3	0/74
(This space for Feder	ral or State office use)	· · · · · · · · · · · · · · · · · · ·			/
APPROVED BY				APPROVED	
CONDITIONS OF AP	PROVAL, IF ANY:	TITLE	·	Mark III	
		,		110V A 197	14 .:
				NOV 4 /P	

\*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER