SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plup tack to a different reservoir. 1. Off. WELL See "APPLICATION FOR PERMIT—" for such proposals.) 7. UNIT AGREEMENT 2. HAND OF OPERATOR Continental Oil Company 8. Address of Operator Box 460, Hobbs, New Mexico 4. Location of Well (Report location clearly and in accordance with any State requirements." At surface 2. Continental Discription of Well (Report location clearly and in accordance with any State requirements." 10. Field And Pool, See also space 17 below.) At surface 2. Continental Discription of Well (Report location clearly and in accordance with any State requirements." 10. Field And Pool, See also space 17 below.) 11. EEC, T., E., M., Of SURFEY Of AR 12. COUNTY ON PART 14. Permit No. 15. Elevations (Show whether Dr. RT. CR. etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice Of Intention to: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE MULTIPLE COMPLETE MULTIPLE COMPLETE SHOOTING OR ACIDIZING ABANDON' 8. BERNARD 1. UNIT AGEREMENT 7. UNIT AGEREMENT 8. FARN OR LEASU N 7. UNIT AGEREMENT 7. UNIT AGEREMENT 8. FARN OR LEASU N 7. UNIT AGEREMENT 7. UNIT AGEREMENT 8. FARN OR LEASU N 9. WELL NO. 10. FIELD AND FOOL, 9. WELL NO. 11. BEC., T., E., M., Of 8. BERNARD 12. COUNTY OR FART 13. COUNTY OR FART 14. PERMIT NO. 15. ELEVATION TO: 8. BERNARD 16. WATER SHUT-OFF FRACTURE TREATMENT ALTERING ABANDON' ABANDON' ABANDON'	NAME OR WILDCAT OR WILDCAT OR BUK, AND
OIL WELL OTHER 2. MANG OF OPERATOR CONTINENTAL OIL COMPANY 8. FARM OR LEASE N CONTINENTAL OIL COMPANY 8. MADDRESS OF OPERATOR BOX 1460, Holdes, New Mexico 4. Location of Well (Report location clearly and in accordance with any State requirements.* BOX 1460, Holdes, New Mexico 4. Location of Well (Report location clearly and in accordance with any State requirements.* C-50 / BUELERO, C-50 / 11 EFC., T. E., M. O. BUELETY OR AR 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, ET, CR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: BUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREAT BHOOT OR ACIDIZED ABANDON' SHOOTING OR ACIDIZING ABANDON' ABANDO	OR WHIDCAT PLANTE R BLK. AND EA SH 13. STATE
Continental Oil Company 8. Narm of Ceratur Continental Oil Company 8. Narm of Leare M Downess of Operatur Box 460, Holds, New Mexico 4. Location of Well (Report location clearly and in accordance with any State requirements.* Recally Space 17 below.) At surface 2015 FSL + 2610 FWL of Lea. 20, T-175, 11 EEC., T. E., M., O. 12. COUNTY OR PARE 14. PERMIT NO. 15. ELEVATIONS (Show whether Df., RT., CR., etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: Subsequent report of: TEST WATER SHUT-OFF FACTURE TREAT MULTIPLE COMPLETE MULTIPLE COMPLETE MULTIPLE COMPLETE SHOOT OR ACIDIZING ABANDON' 8. NARM Of LEARE M 9. WELL NO. 10. FIELD AND FOOL, Market Shut-off FRACTURE TREAT MULTIPLE COMPLETE SHOOTING OR ACIDIZING ABANDON' ABANDO	OR WILDCAT OR WILDCAT OR BUK, AND EA SH 13. STATE
BOX 460, Holds, New Mexico 4. Location of Well (Report location clearly and in accordance with any State requirements.* Bee also space 17 below.) At surface 2015 FSL + 2610 FWL & Sec. 20, 7-175, 11 BEC, T. E., M., O. BUEVEY GR AR. 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, ET, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: BUBSEQUENT REPORT OF: PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE BHOOT OF ACIDIZE ABANDONS BROOTING OR ACIDIZING ABANDONS	R BLK. AND
BOX 460, Holds, New Mexico 4. Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At Eurface 2015 FSL + 2610 FWL of Sec. 20, 7-175, 11 SEC., T., E., M., O. BUEVEY OR AR. 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice OF INTENTION TO: BUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE BHOOT OF ACIDIZE ABANDON' BUBSEQUENT REPORT OF: REPAIRING ALTERING ABANDON' BROOTING OR ACIDIZING ABANDON' ABANDON' ABANDON' BUBSEQUENT REPORT OF: REPAIRING ABANDON' AB	R BUK, AND
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At Burface 26/5 FSL + 26/0 FWL of Sec. 20, 7-/75, 11 Sec., T., E., M., Of SULVEY GR AR 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, ET, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: BUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING MATER SHUT-OFF PRACTURE TREAT MULTIPLE COMPLETE BHOOT OR ACIDIZE ABANDON' 10. FIELD AND POOL, MALER REQUIREMENTS.* 11. EEC., T., E., M., Of BUBSEQUENT REPORT OF: BUBSEQUENT REPORT OF: BEFAIRING ALTERING BHOOTING OR ACIDIZING ABANDON'S	R BUK, AND
At Burface 20/5' FSL 426/0' FWL of Lec. 20, 7-/75, 11 BEC, T., E., M., OF BURYLY OR ARE 14. PERMIT NO. 15. ELEVATIONS (Show whether Dr. RT. CR. etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: BUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE BHOOT OR ACIDIZING ABANDON'S ABANDON'S G-SA R. G-SA R. 11 BEC, T., E., M., OF BURYLY OR ARE 12. COUNTY OR PARTY Tea WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE BHOOTING OR ACIDIZING ABANDON'S ABANDON'S	R BLK, AND EA SH 13. STATE
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: BUBSEQUENT REPORT OF: WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE BHOOT OF ACIDIZE 12. COUNTY OF PARTY BUBSEQUENT REPORT OF: REPAIRING SHOOTING OR ACIDIZING ABANDON'S ABANDON'S 12. COUNTY OF PARTY WATER SHUT-OFF FRACTURE TREAT ALTERING SHOOTING OR ACIDIZING ABANDON'S	1
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: BUBSEQUENT REPORT OF: WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE BHOOT OF AUIDIZE ABANDON* Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data BUBSEQUENT REPORT OF: WATER SHUT-OFF FRACTURE TREATMENT ALTERING SHOOTING OR ACIDIZING ABANDONS	m.m
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FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING SHOOTING OR ACIDIZING ABANDONS ABANDONS	
PRACTURE TREAT MULTIPLE COMPLETE FRACTUBL TREATMENT ALTERING BHOOT OF ACIDIZE ABANDON'S ABANDON'S	G WELL
	CARING
	dent*
(Other) CHANGE PLANS (Other) (Other) (Other)	n on Well
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated d	date of startin
proposed work. It well is directionally drilled, give subsurface locations and measured and true vertical depths for all wark nent to this work.)	
To in hole with ABP & packer and test cosing is	
of class H cement. Drillout cement and sur bit to TD	
Place a total of 351 of conscontaining explosives from	approx
4039'- 3688'. Dump lage size rock down casing & Pec	
down annulus with fill to 3,626: after shot, cle	an ou
to 3,688. Run producing equipment with 5 N set at	3,650
2. S. S. S 5 mcA Partners File. 18. I berety certify that the foregoing is true and correct	
SIGNED M. & Grabley TITLE Administrative Section Chief DATE 3-	31-69
(This space for Federal or State office use)	
The state of the s	
CONDITIONS OF APPROVAL, IF ANY:	
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and the second s	
*See Instructions on Reverse Side DISTRICT ENCIPLER	•
$\int_{\mathbb{R}^{2}} D\Omega dx$	