Form	9331
(May	1963)

## UNIT STATES

SUBMIT IN TRIPLIC

Form approved. Budget Bureau No. 42-R1424.

(May 1963)	DEPARTMEN? OF THE INTER	RIOR (Other instructions o	5. LEASE DESIGNATION AND SERIAL NO.
1		ATOTE VESSES	1.C. 029 509 a
	GEOLOGICAL SURVEY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUND	RY NOTICES AND REPORTS	ON WELLS	
	rm for proposals to drill or to deepen or plus Jse "APPLICATION FOR PERMIT—" for such		
1.		THE WILLIAM	. UNIT AGREEMENT NAME
OIL WELL GAS	OTHER		<u>                                     </u>
2. NAME OF OPERATOR	0 0 0	JAN 17 toyo	8. FARM OR LEASE NAME
Contine	ntal oil Ce	mpany	9. WELL NO.
3. ADDRESS OF OPERATOR	12 11 11 21	TORRE MEN DESIGNATION	13
DOX 4	60 Hous, Mu	DE State requirements.	10. FIELD AND POOL, OR WILDCAD
See also space 17 below	ort location clearly and in accordance with a	My Court of the co	mali Abox walle
At surface	_		11. SEC T., R., M., OR BLK. AND SURVEY OR AREA
17001-11	. and 460' Fu	11 of Sec. 22	SURVEI OR ABBA
1180 FNL	. and Too Fu	of sees	Sec 22 T-175,R-3
14. PERMIT NO.	15. ELEVATIONS (Show whether	r DF, RT, GR, etc.)	12. COUNTY OR PARISH 13/ STATE
14, PERMIT NO.	399	g'ar	7ea N.111E,
	D. T. Line	Notice Report of C	Other Data
16.	Check Appropriate Box To Indicate	s ladine of labilce, Kebon, or	UENT REPORT OF:
. No	TICE OF INTENTION TO:	Dagaus	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING ABANDONMENT
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ale commende
REPAIR WELL	CHANGE PLANS	(Other) (NOTE: Report results	s of multiple completion on Well eletion Report and Log form.)
(Other)	COMPLETED OPERATIONS (Clearly state all pertions) is directionally drilled, give subsurface		to the section and data of starting to
proposed work. II	COMPLETED OPERATIONS (Clearly state all perti- well is directionally drilled, give subsurface	locations and measured and true vertice	al depths for all markers and zones pe
nent to this work.) *	. 0		ma light der
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10 I havehy contifu. that	the foregoing is true and correct	-	1 111-7
18. 1 nereny certify that	TITLE	admin Superves	DATE /-/4-/
SIGNED	TITLE		
(This space for Fede	eral or State office use)	(na	STED 194 DIERER '
APPROVED DE	TITLE	1 t 12 is	DATE
APPROVED BYCONDITIONS OF A	PPROVAL, IF ANY:		o - 4 - 3079 i
			. 11.5 1972