Form 9-331 (May 1963)		ATES SUBMIT IN TRI HE INTERIOR (Other instruction on survey)					
(Do not use	SUNDRY NOTI e this for propose Use "APPLICA	CES AND R	EPORTS OF	N WELLS k to a different losals.)	reservoir.	6. IF INDIAN, ALL	OTTER OR TRIBE NAME
OIL GAS WELL OTHER Water Injection 2. NAME OF OPERATOR							NT NAME
Continent	al Oil Com	eny			:	8. FARM OR LEAS MCA Unit	I NAMB
3. ADDRESS OF OPE	RATOR					9. WELL NO.	
P. O. Box 460, Hobbs, New Mexico 88240 4. tocation of well (Report location dearly and in accordance with any State requirements.*							OL, OR WILDCAT
At surface 1 2565 FSI Lea Count	& 25° FWL, y, New Mexi	Sec. 19,	T-175, i	7-32E,		Maljamar 11. sec., T., E., M., SURVEY OR	Repress.
14. PERMIT NO.		how whether DF, R	r, GR, etc.)		Sec. 19, 12. COUNTY OF PA	T-17S, R-32E ARISH 18. STATE N.M.	
16.	Check Ap	propriate Box To	o Indicate Nat	ure of Notice	, Report, or O	ther Data	
	NOTICE OF INTENT					ENT REPORT OF:	:
TEST WATER SI FRACTURE TREA SHOOT OR ACIDI REPAIR WELL (Other)	T M	ULL OR ALTER CASIS ULTIPLE COMPLETE BANDON* HANGE PLANS		(Other) (Note	REATMENT R ACIDIZING : Report results	ALTERI ABANDO of multiple comple	ing well NG CASING NMENT* tion on Well og form.) d date of starting any rkers and zones perti-
circulate	Spudded we (21 joints) sacks regul d. Plug do nutes. Tes	ar cement, wn ll:00]	, 2% gel P.M. 10-1	and 2% (.1-67. 1	7. Drill nd set at calcium c Cested ca	ed 11" ho 650". C hloride. sing with	le to 650°. emented Cement 750#
				·			
			•				
()	that the foregoing is	true and correct					
SIGNED		vou.	TITLE Sup.	Prod. F	ngineer	DATE <u>10</u> -	-20-67
(This space for	Federal or State office	use)					
APPROVED BY CONDITIONS O	F APPROVAL, IF AN	Y:	TITLE		APP	SOAED-	
	ARTNERS-15	FILE			007	0.0.400~	

*See Instructions on Reverse Side

OCT 23 **1967**