COPY TO O. C. C.

Form Approved. Budget Bureau No. 42-R1424

UNITED S' ES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC029405 b
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Output Indirect And Incidence or plus back to a different	MCA UNIT
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
	MCA
1. oil gas other	9. WELL NO.
2. NAME OF OPERATOR	266
CONTINENTAL OIL COMPANY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	MALJAMAR (G-SA)
P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
	SEC 20 TITS R 32E
AT SURFACE: 1345 FSL 12615 FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	LEA NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	1.4
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
(a) only on other boards	3970'GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	1 3970 GL
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
ABANDON*	
(other)	
including estimated date of starting any proposed work. If well is of measured and true vertical depths for all markers and zones pertinent is proposed to repair a surface with as for mire, pull prod. eapt. Run logs (gamma ray, tamperatura) to determine the set BP & pkir at diff pts to Isolate leade, & squipart 51/2" as a 2000' w/4 shots. Circ. and /csg amelies for & l.m. Eev. circ. and bradehead amelies for the trace and depth w/game ray tagl. Pump 2270 sx amelies to any tagl. Pump 2270 sx amelies to tagged amelies of eads active of tagged amelies. Was a continuous for the pump du. tog w/go bol zone trail & 50sx amelies of all out, test, resquere for access. Pull out, test, resquere forcess.	menger. MAY 1.4 1979 Lings work.)* MAY 1.4 1979 U. S. GEOLOGICAL SURVE
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct SIGNED Will A Sufficient TITLE Column. Supr	DATE 5-10-75
(This space for Federal or State of	
<i>'</i>	in
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
	TADRU I
usas 5	APT 1079 MM
MCA 4	1" 16 1913 AM
7.12 *See Instructions on Reverse	APPROVED MAY 16 1979 MAY 16 1979 MINER
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MAY 2 3 1079 OIL CONDITIONATION COMM. ETHING TO AN