Form approved.			
Budget Bureau	No.	42-R	142
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Continental oil Company 3. ADDRESS OF OPERATOR. BOX 460 Holly New Mexico 4. Location of well (Report location clearly and in accordance with any State requirements. 10. FIELD AND FOOL, OR WILLCAN At SURface 1395 FNL and 1295 FEL of Sec 19 11. Sec., St., M., OR BLK. AND 12. COUNTY OR FARISH 138 FLAT 13. FERNIT NO. 15. ELEVATIONS (Show whether Dr. RT, GR. etc.) 16. Check Appropriate Box To. Indicate Nature of Notice, Report, or Other Date NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ABANDON* REPAIR WELL (Other) COMPILETE OPERATIONS (Clearly state all pertinent details, and give prefeton on Well Completion or Recompletion Report and Log form.) 17. DENSIRIE PROPOSED OR CONFLETED OPERATIONS (Clearly state all pertinent details, and give prefeton from the board of this work.) 18. WATER SHUT-OFF PRACTURE TREAT date dates, including estimated date of starting an proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pert pent to this work.) 19. WELL NO. 10. FIELD AND FOOL, OR WILLCAN SCREEN HUY SCREEN HUY SCREEN HUY SCREEN HUY SCREEN HUY REPAIRING WELL (Other) Completion or Recompletion on Well Completion or Recompletion Report acids of multiple completion on the Well Completion or Recompletion Report and Log form.) 10. PRINTING CARING ABANDONMENT* Connected W/ 150 Socka Connected W/	OIL GAS WEL			MCA
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SIGNED FOR RECORD (This space for Federal or State office use) APR 26 1972 APPROVED BY _______CONDITIONS OF APPROVAL, IF ANY: TITLE U. S. GEULOGICAL SUKVEY *See Instructions on Reverse \$ide HOBBS, NEW MEXICO

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