Form 9-331 (May 1963)

16.

## UNITED STATES DEPARTMENT

STATES SUBMIT IN TRIPLICATES
THE INTERIOR (Other instructions of verse side)

| GEOLOGICAL SURVEY |         |     |         |    |       |
|-------------------|---------|-----|---------|----|-------|
| SUNDRY            | NOTICES | AND | REPORTS | ON | WELLS |

|                                                            | proposals to drill or to deepen or plug back to a different reservoir. PLICATION FOR PERMIT—" for such proposals.) |                                                                                                      |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| OIL CAS GAS WELL OT                                        | H ER                                                                                                               | 7. UNIT AGREEMENT NAME                                                                               |
| 2. NAME OF OPERATOR  CONTINENT                             | 2/ Oc/ Company                                                                                                     | 8. FARM OR LEASE NAME MCA UNIT                                                                       |
| Box 460, F                                                 | 40BBS, N.M. 88240                                                                                                  | 9. WELL NO. 339                                                                                      |
| 4. LOCATION OF WELL (Report loca See also space 17 below.) | 2615' FWL OF Sec, 23                                                                                               | 10. FIELD AND POOL, OR WILDCAT  MALJ, 6-SA Repress  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 14. PERMIT NO.                                             | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                     | Sec. 23 7-175, R-32E  12. COUNTY OF PARISH 13. STATE                                                 |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: |                      | SUBSEQUENT REPORT OF:                                        |                                                  |  |
|-------------------------|----------------------|--------------------------------------------------------------|--------------------------------------------------|--|
|                         | []                   | <u></u>                                                      |                                                  |  |
| TEST WATER SHUT-OFF     | PULL OR ALTER CASING | WATER SHUT-OFF                                               | REPAIRING WELL                                   |  |
| FRACTURE TREAT          | MULTIPLE COMPLETE    | FRACTURE TREATMENT                                           | ALTERING CASING                                  |  |
| SHOOT OR ACIDIZE        | ABANDON*             | SHOOTING OR ACIDIZING                                        | ABANDON MENT*                                    |  |
| REPAIR WELL 2           | CHANGE PLANS         | (Other)                                                      |                                                  |  |
| (Other) ReDd (y         | Casing X             | (Note: Report results of mul<br>Completion or Recompletion R | tiple completion on Well<br>eport and Log form.) |  |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

IT 15 Proposed to Repair The Csq as Follows! Sof Pky AT 1650' and check For Annular Backflow; Sof Pkr AT 1950' check For Bock flow . Sof Pkr AT 2210' and check For Backflow, Sof Pkr AT 2510' and Chack For Back flow. If No Back Flows are encountered Leave Pkr set AT 2510' and obtain Pump Rate Thru CSg Hole AT 2807- 20'; Squeeze With 100 86/s Halliburton Special Golling Agent, 200 Sx ches "C" CMT and 3% CACL2. Displace CMT TO 2700-2725' IN CS9. and Shut.IN For 24-36 Hrs, Check For Bickflow and Pull The + Phr. Drill out CMT. Test For Beckflow By Swibbing Fluid Level Down. Pull comt Retainers and Bridge Plug. Run Producing Equipment and Return to a Producing Status.

| SIGNED SIGNED                                                                            | TITLE A | PMIN. SUPY. | DATE 2-14-77 |
|------------------------------------------------------------------------------------------|---------|-------------|--------------|
| (This space for Federal or State office up)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | TITLE   | AS AN END   | DATE         |

DISTRICT ENGINEER \*See Instructions on Reverse Side ARTHUR T