Form 9-331 (May 1963)

UNITED STATES DEPARTME. OF THE INTERIOR (Other Instruction recoverse side) UNITED STATES

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

| GEOL | OGICAL | SHRVEY |
|------|--------|--------|

| GEOLOGICAL SURVEY | LC-029509 | 7(6) | |
|---|--|--|-------------------------|
| SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plur Use "APPLICATION FOR PERMIT—" for such | back to a different reservoir | 6. IF INDIAN, ALLOTTEI | |
| OIL GAS WELL OTHER | | 7. UNIT AGREEMENT NA | ME |
| 2. NAME OF OPERATOR | | 8. FARM OR LEASE NAM | (E |
| Continental Oil Company | | 2000011 | 4 |
| 3. ADDRESS OF OPERATOR | | MCa Unit | |
| P. O. Box 460, Hobbs, NM 88240 | | 345 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with an See also space 17 below.) At surface | 10. FIELD AND POOL, OR WILDCAT Maly. 6-SA Report, 11. Spt., T. R., M., OR BLE AND | | |
| 25/5'F5L & /345'FEL & Sec., 22 14. PERMIT NO. 15. ELEVATIONS (Show whether to 3985' & R | DF, RT, GR, etc.) | SURVEY OR AREA Sec. 22 T-175 12. COUNTY OR PARISH | R32E 13. STATE NM |
| Check Appropriate Box To Indicate 1 | Nature of Notice, Report, or | Other Data | |
| NOTICE OF INTENTION TO: | | UBSEQUENT REPORT OF: | |
| FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) | WATER SHUT-OFF FRACTURE TREATME. T SHOOTING OR ACIDIZING (Other) LISTENCE (NOTE: Report result | ALTERING OF ABANDONMEN S of multiple completion of the completion | ASING X |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertine proposed work. If well is directionally drilled, give subsurface locatent to this work.) | nt datable and also make as data | 10-1-21 | |

Spullet 12/4" hale on 8-29-73, Set 878", 20 " laxing at 870', lemented with 450 sacks of Class C Coment. Coment Circulated, WOC 18 hours. Dected 878" laxing by 800 PSI for 30 minutes, held ox.

foregoing is true and correct TITLE Admin. Supervisor ACCEPTED FOR RECORD (This space for Federal or State office use) APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: *See Instructions on Reverse Sigeological SURVE HOBBS, NEW MEXICO