Form 9-331 -(May 1063)	UNITED STATES DEPARTMET OF THE INTER GEOLOGICAL SURVEY	SUBMIT IN TRIVLICATE (Other Instructions reverse side)	
SUN (Do not use this	DRY NOTICES AND REPORTS (form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such p	ON WELLS back to a different reservoir. roposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL 2. NAME OF OPERATOR	OTHER		7. UNIT AGREEMENT NAME MGG
Continental (8. FARM OR LEASE NAME 21 C. C. Unit 9. WELL NO.		
P. O. Box 460, Hobbs, NM 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			350 10. FIELD AND POOL, OR WILDCAT
2615' FSL c	1 1295 FWL of Sec. 2	6	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether de	, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE Lea NM
16. N	Check Appropriate Box To Indicate N		Other Data
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	F PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results	of multiple completion on W-11
nent to this work,) *	complete operations (Clearly state all pertinent well is directionally drilled, give subsurface located as the state of th	t details, and give pertiuent dates, ions and measured and true vertica	if depths for all markers and zones perti-
ement. E	exculated coment to	surface, I	eache cog, with
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18 I hambe made At 11 A			
8. I hereby certify that the reggoing is true and corn		Admin. Supervisor	
	TITLE	Admin. Supervisor DATE 10-15-73	_
(This space for Federal or State office use)			=
APPROVED BY	TITLE		
CONDITIONS OF APPROVAL, IF ANY:		C. C	
		(40 1/2/100)	

*See Instructions on Reverse Side