Form 9-331 (May 1963)	UNITED ST DEPARTMENT OF T		SUBMIT IN TRIPLICA (Other instructions on verse side)	TE* FORM approved. Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY				2. 252697 5
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL OTHER				7. UNIT AGREDMENT NAME
2. NAME OF OPERATOR  Continental Oil Company				S. FARM OR LHAMN NAME
3. ADDRESS OF OPERATOR				9. WDLL NO.
P. O. Box 460, Hobbs, New Mexico 88240  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface				TO RIELD AND POOL OR WILDCAT
1980' FNL & 1980' BWD, Section 30, T-178, 3-1-0, Lea County, New Mexico.				11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA SEC. 30, T27S. 8-33E
14. PERMIT NO. 15. ELEVATIONS (Show wheth			R, etc.)	12. COUNTY OR PARISH 13. STATE
14				Les Days M.M.
16.	Check Appropriate Box	To Indicate Natur	e of Notice, Report, o	or Other Data
Ne	OTICE OF INTENTION TO:		SUB	SEQUENT EDFORT OF:
TEST WATER SHUT-OF		<del>  </del>	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLET ABANDON*	(A)	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT®
REPAIR WELL	CHANGE PLANS		(Other)	ZBANDUN MENT
	t to Injection	X	Completion or Reco	ults of multiple completion on Well ompletion Report and Log form.)  ates, including estimated date of starting any rtical depths for all markers and zones perti-
convert it Expansion u  1 2 3	to water injecti sing the followi . Glean out to . Run Gamma Ray . Run cement-li 3800'.	on in conjung method: 4260:Neutron and ned tubing	unction with  nd Caliper lo  with packer  mence injecti	ietlatjapprätimately Spring or lown the tubing.
18. I hereby certify that th	ne foregoing is true and correct			<u> - 현실 등 취임 기업을 보고 있었다.</u> 
SIGNED TICK	LA Storta	rith: Supers	rising toging	DATE 5-8-67
(This space for Federa	l or State office use)	13		
APPROVED BYCONDITIONS OF APP	ROVAL, IF ANY:	TITLE	1967	DATE
	RTNERS-15 FILE	<b>;</b>	all	079 54 6 6 7 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	*Se	e Instructions on I	Reverse Side	Figh & Sign