Form 9-331 (May 1963)

## D STATES SUBMIT IN TRIPLICATE. OF THE INTERIOR COther Instructions re-

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

|       | Budget |       |     | le. 4 | 2-R  | 142 |
|-------|--------|-------|-----|-------|------|-----|
| LEASE | DESIGN | ATION | AND | SER   | IAL. | NO  |

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

|     | GEOLOGICAL SURVEY                                                                                                                                                                         | LC-029489 C                                                             |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
|     | 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                                    |
| 1.  | OIL GAS WELL OTHER                                                                                                                                                                        | 7. UNIT AGREEMENT NAME                                                  |
| 2.  | NAME OF OPERATOR                                                                                                                                                                          | S. FARM OR LEASE NAME                                                   |
|     | Continental Oil Company                                                                                                                                                                   | CORBIN                                                                  |
| 3.  | ADDRESS OF OPERATOR                                                                                                                                                                       | 9. WELL NO.                                                             |
|     | P. O. Rox 460, Hobbs, ilew Hexico 88240                                                                                                                                                   | 3                                                                       |
| 4.  | LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)  At surface                                                           | CORDIN QUEEN                                                            |
|     | 1980' FNL & 1980' FWL                                                                                                                                                                     | 11. SEC., T., R., M., OR BLE. AND SURVEY OF AREA  Sec 10, T., 85, R.33E |
| 14. | PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                                                               | 12. COUNTY OR PARISH 13. STATE                                          |
|     | 3991'DF                                                                                                                                                                                   | Lea NM                                                                  |
| 16. | Check Appropriate Box To Indicate Nature of Notice, Report, or                                                                                                                            | Other Data                                                              |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) •

Status of Well: Shut In

Approximate date that temp. aban. commenced: 3-4-74

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

Reason for temp. aban .: Une cono mic

NOTICE OF INTENTION TO:

Future plans for well:

FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

Study for remedial or PAA

This approval of . abandonment expects DEC 1

SUBSEQUENT REPORT OF:

| Approximate date of future                                                   | W. O. or plugging: 2 | nd atr. 1976                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. I hereby certify that the formulag is true and correct SIGNED & Pulleque |                      | DATE 12-1-75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (This space for Federal or State effice use)                                 |                      | The second secon |
| APPROVED BY                                                                  | TITLE                | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| S (5) FILE                                                                   |                      | 1. 4 " /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |