Porm 9-331 (May 1963)	ED STATES SUBMIT IN TRIA ATE DEPARTMENT OF THE INTERIOR verse side)				re-	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.		
		GEOLOGICAL SURVEY						
						6. IF INDIAN, ALLOTTED OR TRIBE NAME		
SUNDRY NOTICES, AND REPORTS ON WELLS (Do not use this form for proposal of the deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)								
1. OIL GAS G						7. UNIT AGREEMENT NAME		
well well other Water Injection Well 2. NAME OF OPERATOR						L OR LHARR HAM		
Continental Oil Company						Sanderson Unit		
3. ADDRESS OF OPERATOR						L NO.	7	
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.)						10. FIELD AND POOL, OR WILDCAT		
At surface						ont Pool		
660' FNI & 660' FZI, Section 9, I-208, B-368,						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
Lea County, New Mexico						9. I-2	Ss	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)			12. co	NTY OR PARISH		
		3626° D.F.			ມີເສ ື່		M.M.	
16.	Check An	propriate Box To Indica	ate Nature of N	Votice Report	or Other D	nta .		
	NOTICE OF INTENT				BSEQUENT REP			
			1					
TEST WATER SI FRACTURE TREA		ULL OR ALTER CASING ULTIPLE COMPLETE		ER SHUT-OFF		BEPAIRING V		
SHOOT OR ACID	[[BANDON*		OTING OR ACIDIZING		ABANDONMEN		
REPAIR WELL	C	HANGE PLANS	(Oti	ner) Comment	I to	Zota In		
	vert to Wat			(Note: Report re Completion or Re	completion Re	ort and Log for	·m.)	
17. DESCRIBE PROPOS proposed wor nent to this w	K' II Mell 18 (TLECTION	ATIONS (Clearly state all penalty drilled, give subsurface	ertineut details, ar e locations and me	nd give pertinent c easured and true v	lates, includin ertical depths	g estimated date for all markers	e of starting any and zones perti-	
outlined	l procedure 1. Perf. 2. Acidi	to convert the was followed: 7" casing at zed perf. 382	3829. 38	: 363. 3867	i i i i i i i I and i ji ili	2 m/2	SES .	
	3. Pan 1	oall sealers. 19 joints (36 er set at 3700	(891) 2 3/ 11.	∕8′ cament		tubing a	wilth	
Placed well on injection.								
·	On test S	-8-67, inject	ed 191 BV	V 15 24 36	naug ga geleg		pressure.	
	Workover	started 5-23-	67. Comp	Oleted 5-j				
				Comment of Santa San	1 50 H			
			JUN	161				
18. I hereby certify	that the foregoing is	grue apti correct	A. Ti. g DISTRICT	ENCHOUGH			12	
SIGNED	use of the	TIME.	Supervisi	ing treat	i i	ATE 6-27	-67	
(This space for	Federal or State office	use)			4 5 年 4			
APPROVED BY		TITLE			aN = r	ATE	Towns	
CONDITIONS O	OF APPROVAL, IF AN			7 Det (19)			. Š	
		** .	5	C+ I		8 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		