(May 1963)	UNII STATES	SUBMIT IN TRIPLIC Other instructions on &	Budget Bureau No. 42-R1424.
DE	PARTMENT OF THE INTERIC	OR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY		NM-0321086
SUNDRY	NOTICES AND REPORTS O	N WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form	for proposals to drill or to deepen or plug ba "APPLICATION FOR PERMIT—" for such pro-	ick to a different reservoir.	
	APPLICATION FOR FERMIT— for such pro-		7. UNIT AGREEMENT NAME
1. OIL GAS	Julaton Inne	etim	
WELL WELL	OTHER WASC STOP		8. FARM OR LEASE NAME
Contino	ntal oil Co	mpany	Semu Permian
3. ADDRESS OF OPERATOR	11.11 00		9. WELL NO.
BOX 460	Hours, lee	vinesico	<i>T</i> >
<ol> <li>LOCATION OF WELL (Report See also space 17 below.)</li> </ol>	location clearly and in accordance with any S	State requirements.	10. FIELD AND POOL, OR WILDCAT
At surface			11. SEC., T. R. M., OR BLK. AND
1/1/501 -	1 1900 FEI ALC	Can 13	SURVEY OR AREA
660 FSL on	nd 1980' FEL of S	sec ( )	Sec13 +-205, R-37
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
•••			Yea N.Mex
10	heck Appropriate Box To Indicate N	atura of Notice Report or	Other Data
	•••		
NOTIC	E OF INTENTION TO:	SUBSEC	QUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)(Note: Report result	ts of multiple completion on Well
(Other)	PLETED OPERATIONS (Clearly state all pertinent is directionally drilled, give subsurface location of the state of the stat	details, and give pertinent date	pletion Report and Log form.) s, including estimated date of starting any
proposed work. If well	is directionally drilled, give subsurface locati	ions and measured and true verti	cal depths for all markers and zones perti-
nem of this worth,	1	Onto this	well by the
- id sol	losed to STIM	mune 2000	- 143000
x > (	a	+ + 3750	Froe W 30,00
00 - 1 - 1 - 2 4	Set pocker a		+ + + 20/110 SM
llowing.	V	to and 60	,000 # 20,70 30.
to de	produced wa		
la treater			
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18. I hereby certify that the foregoing is true and corr	TITLE _	lmin, Supervisor DATE	5-17-72
(This space for Federal or State office use)		- SOUTED	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  (5) THE (4)	TITLE	APD 10 V DATE	
//33\$(5) nm FU (4)	*See Instructions	on Reverse Side A. B. D. DANN	
HOY R		nistract est a re-	