1:15	₫ ت	EPÁRTMENT	ED STATES OF THE INTER	SUBMIT IN TRI	ns on re-	Form approved. Budget Bureau N LEASE DESIGNATION AND	
			GICAL SURVEY	(10)(verse Bide)	"		SERIAL NO.
JUL	ा च हुन ॥	-	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
	SUNDR not use this form						
OIL GAS OTHER WASSET TO WELL Continental Oil Company 3. Address of Operator						7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME	
						P. 0	0. Box 46
LUCATION	space 17 below.)	t location clearly an	d in accordance with an	y State requirements.*		O. PIELD AND POOL, OR WI	
or Fs	L and 560	T SWI. Sac	. 19, T-205	The state of the s		1. SEC., T., R., M., OR BLE.	
e Gba	nty, New	Mekind.	് 🧸 🚥 കുറി 🧀 ഇത്തെന്	, 87 juniu j		SURVEY OR AREA	
4. PERMIT NO.		15. ELE	15. ELEVATIONS (Show whether DF, RT, GR, etc.)			Sec. 18, T-208, R-3	
			35551 53.	,,,			STATE
3.	. (Check Appropria		Nature of Notice, Rep		Sã	N.M.
		E OF INTENTION TO:				r seport of:	
TEST W	ATER SHUT-OUT	PULL OR A	ALTER CASING	WATER SHUT-OFF		REPAIRING WELL	
FRACTUE	RE TREAT	MULTIPLE	COMPLETE	FRACTURE TREATM	ENT	ALTERING CASING	
	DR ACIDIZE	ABANDON*		SHOOTING OR ACID	ZING	ABANDON MENT*	
REPAIR	L	CHANGE P		(Other)	-6	141.1	
(Other)	<u>Cl</u> eancut	amo mun m	2.1 1 0 0 0 st 3d	(TAOLE THEN	TE TERRITOR OI	multiple combietion of M	err
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