orm 9-331 May 1963) [UNITED STATES DEPARTMEN OF THE INTER	SUBMIT IN TRIPLICATED RIOR (Other Instructions reverse side)	Budget Bureau 5. LEASE DESIGNATION	ı No. 42-R142
	GEOLOGICAL SURVEY		LC-0316	7069
(Do not use this for	RY NOTICES AND REPORTS rm for proposals to drill or to deepen or plus Jse "APPLICATION FOR PERMIT—" for such	g back to a different reservoir.	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
OIL GAS WELL WELL	OTHER		7. UNIT AGREEMENT NAM	16
. NAME OF OPERATOR			8. FARM OR LEASE NAME	E /2
Continental Oi	Seme M	ckee_		
. ADDRESS OF OPERATOR	9. WELL NO.			
P. O. Box 460,	57			
. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. FIELD AND POOL, OR	WILDCAT
See also share 17 below	1	<i>f</i> 41		
At surface		He Ser 19	11. SEC., T., R., M., OR BI SURVEY OR AREA	CE. AND
2310 FSL	- ond 330' FEL 15. ELEVATIONS (Show whether		SURVEY OR AREA Sec 19, T-20 12. COUNTY OR PARISH	S, R-38
At surfacé 2310 FSL 4. PERMIT NO.	- and 330' FEL	DF, RT, GR, etc.)	SURVEY OR ARBA SEC/9, T-20 12. COUNTY OR PARISH Lea	s, R-38
At surface 2310 FSL 4. PERMIT NO.	- ond 330' FEL 15. ELEVATIONS (Show whether	Nature of Notice, Report, or Ot	SURVEY OR ARBA SEC/9, T-20 12. COUNTY OR PARISH Lea	S, R-38
2310 FSL 1. PERMIT NO.	- Ond 330' FEL 15. ELEVATIONS (Show whether Check Appropriate Box To Indicate	Nature of Notice, Report, or Ot	SURVEY OR ARBA SEC 19, T-20 12. COUNTY OR PARISH Lea ther Data	S, <i>R</i> -38 23. STATE NM
At surfacé 2310 FSL I. PERMIT NO.	Check Appropriate Box To Indicate	Nature of Notice, Report, or Ot	SURVEY OR AREA Sec. 19, T-20 12. COUNTY OR PARISH Lea ther Data ENT REPORT OF:	S, <i>R</i> - 38 23. STATE NM
At surface 2310 FSL 4. PERMIT NO. NOT	Check Appropriate Box To Indicate RICE OF INTENTION TO:	Nature of Notice, Report, or Ot subseque	SURVEY OR AREA Sec. 19, T-20 12. COUNTY OR PARISH Lea ther Data ONT REPORT OF: REFURING W	S, R-38 23. STATE NM ELL. BING
At surface 2310 FSL 4. PERMIT NO. NOT TEST WATER SHUT-OFF FRACTURE TREAT	Check Appropriate Box To Indicate TICE OF INTENTION TO: PULL OR ALTER CASING MULTIPLE COMPLETE	Nature of Notice, Report, or Of Subseque Water Shut-off Fracture treatment Silvoting or acidizing (Other)	SURVEY OR AREA Sec/9, T-20 12. COUNTY OR PARISH Lea ther Data INT REPORT OF: REFURING W ALTERING CAL ABANDONMEN	S, R-38 23. STATE NM ELL. SING T*
At surface 2310 FSL 4. PERMIT NO. NOT TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (()ther)	Check Appropriate Box To Indicate TICE OF INTENTION TO: PULL OR ALTER CASING MULTIPLE COMPLETE ARANDON* CHANGE PLANS	Nature of Notice, Report, or Ot subseque WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results of Completion or Recompletic	SURVEY OR AREA Sec/9, T-20 12. COUNTY OR PARISH Lea ther Data ONT REPORT OF: REFURING W ALTERING CAL ABANDONMENT of multiple completion of tion Report and Log form	S R-38 X3. STATE NM ELL SING T* n Well n.)
At surface 2310 FSL 4. PERMIT NO. NOT TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (()ther)	Check Appropriate Box To Indicate TICE OF INTENTION TO: PULL OR ALTER CASING MULTIPLE COMPLETE ABANEON*	Nature of Notice, Report, or Of SUBSEQUE WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results or Completion or Recompletion or Recompletion or Recompletion of Recompletion or Recompletio	SURVEY OR AREA Sec. 19, T-20 12. COUNTY OR PARISH Lea ther Data THE PORT OF: REFURING WALTERING CAN ABANDONMEN of multiple completion of tion Report and Log form	S, R-38 23. STATE NM ELL SSING To n Well n.) of starting as
At surface 2310 FSL 4. PERMIT NO. 6. NOT TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	Check Appropriate Box To Indicate TICE OF INTENTION TO: PULL OR ALTER CASING MULTIPLE COMPLETE ARANDON* CHANGE PLANS OMPLETED OPERATIONS (Clearly state all pertincel) is directionally drilled, give subsurface to	Nature of Notice, Report, or Of SUBSEQUE WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results or Completion or Recompletion or Recompletion or Recompletion of Recompletion or Recompletio	SURVEY OR AREA Sec/9, T-20 12. COUNTY OR PARISH Lea ther Data ONT REPORT OF: REFURING W ALTERING CA ABANDONMEN of multiple completion of tion Report and Log form including estimated date depths for all markers	S, R-38 23. STATE NM ELL SSING To n Well n.) of starting as

In response to your letter dated June 18, th, please concel our intent to perform this work.

18. I hereby certify that the foregoing is true and correct SIGNED A CARLET	TITLE Admin. Supervisor	DATE 8-7-73
(This space for Federal or State office bec)	TITLE OR RECORD	, DATE
CONDITIONS OF APPROVAL, IF ANY:	OCCEPTED FUN 1073	NA CONTRACTOR OF THE PARTY OF T
/ *Se	e Instructions on Reverse Side U. S. GEOLOGICAL SURVINGENION	10
USGS FILE	U. S. GEOLONEW M.	