| Form 9-331<br>(May 1963)                   | U<br>DEPARTM       | NITED STATES   | ITERIOR                        | SUBMIT IN TRIPLICATE® (Other instructions on re-                 | Form approved<br>Budget Bureau<br>5. LEASE DESIGNATION A | No. 42-R1424.                       |
|--|--------------------|--|--------------------------------|--|--|-------------------------------------|
|  | GE                 | EOL JICAL SURV   |                                |  | LC-063   | 458                                 |
|  | form for proposal  | ES AND REPO<br>s to drill or to deepen of<br>ION FOR PERMIT—" fo | or plug back t                 | o a different reservoir.   | 6. IF INDIAN, ALLOTTER                                   | SHAN SEIST BO                       |
| OIL GAS WELL OTHER                         |                    |  |                                |  | Waren U  | mit                                 |
| 2. NAME OF OPERATOR                        |                    |  |                                |  | FARM OR LEASE NAME                                       | 11-                                 |
| Continental (                              |                    |  |                                |  | Marren Un  | ut Blen                             |
| 3. ADDRESS OF OPERATOR                     |                    |  |                                |  | SAWELL NO.   | 11.18                               |
| P. O. Box 460                              | ), Hobbs, N        | lew Mexico 882   | 40                             | · .  | 17   |                                     |
| See also space 17 belo                     | (W.)               | arly and in accordance w   |                                | _  | Blinebry   | Dil + La                            |
| 660 F                                      | 5L+66              | O'FWL OT   | ) see                          | , , ,  | 11. SEC., T., R., M., OR BL.<br>SURVEY OR TREA           | K. AND                              |
|  |                    |  |                                |  | dec. 34, 1-20  | 05, R-38E                           |
| 14. PERMIT NO.                             |                    | 15. ELEVATIONS (Show wh  |                                | - · · · ·  | 12. COUNTY OR PARISH                                     | 13. STATE                           |
|  |                    | 362  | FD D                           | F  | Lea  | - NM -                              |
| 16.  | Check App          | ropriate Box To Indi   | icate Natur                    | e of Notice, Report, or C  |  |                                     |
| N  | OTICE OF INTENTI   | ON TO:   |                                | SUBSEQ   | CENT REPORT OF:  |                                     |
| TEST WATER SHUT-OF                         | PC                 | LL OR ALTER CASING   |                                | WATER SHUT-OFF   | REPAIRING WI   | ILL                                 |
| FRACTURE TREAT                             | MT                 | LTIPLE COMPLETE  | _                              | FRACTURE TREATMENT   | ALTERING CAS   | ING                                 |
| SHOOT OR ACIDIZE                           | AB                 | ANDON*   | _                              | SHOOTING OR ACIDIZING  | ABANDONMENT  | •                                   |
| REPAIR WELL                                | сн                 | ANGE PLANS   | _                              | (Other)  | U-JN   |                                     |
| (Other)                                    |                    | <u></u>  |                                |  | of multiple completion or<br>letion Report and Log form  |                                     |
| proposed work. If<br>nent to this work.) * | well is directions | ATIONS (Clearly state all<br>ally drilled, give subsurf:         | pertinent det<br>ace locations | ails, and give pertinent dates,<br>and measured and true vertice | including estimated date al depths for all markers :     | of starting any<br>and zones perti- |
| Status of Wel                              |                    |  |                                |  |  |                                     |
|  |                    | emp. aban. com   |                                | 5-1-70   |  |                                     |
| Reason for te                              | emp. aban.:        | Uneconon   | nic                            |  |  |                                     |
| Future plans                               | for Well:          |  |                                | econdary re  | covery ope   | eration                             |
|  |                    | $\checkmark$   |                                |  | , ,  |                                     |
|  |                    |  |                                |  |  |                                     |
|  |                    |  |                                |  | •  |                                     |
|  |                    |  |                                |  | 4.14   |                                     |
|  |                    |  |                                |  |  |                                     |
|  |                    |  |                                |  |  | • .                                 |
|  |                    |  |                                |  |  | -<br>-                              |
|  |                    | This appr  | oval of                        | temporary () 1.10  | 775  |                                     |
|  |                    | THIS appr  | nment ex                       | pires Not 1/   | <b>4</b>   |                                     |
|  |                    | apando   | THEORY IS COME                 | <b>-</b>   |  |                                     |

Approximate date of future W. O. or plugging: Fall 1826

18. I hereby certify that the foregoing is true and correct

SIGNED TITLE Division Office Manager

DATE 10/3

(This space for Federal or State office use)

TITLE \_\_\_\_\_

APPROVED

NMFU(4) File
\*See Instructions on Reverse Side

NOV 6/1974 /sim sims Iting district engineer