Form	9-331
(May	1963

FRACTURE TREAT

REPAIR WELL

UNITED STATES

MULTIPLE COMPLETE

CHANGE PLANS

SUBMIT IN TRIPLICAT

		Form a Budget	pprov Bure	ed. au N	o. 42	-R1424
5.	LEASE	DESIGN	ATION	AND	SERIA	L NO.

		Budget	Bure	au N	0. 42–1	R142
5.	LEASE	DESIGN	ATION	AND	SERIAL	NO.
/	1/1	(1)	16		7/	0

REPAIRING WELL

DEPARTMENT C THE INTER GEOLOGICAL SURVEY	IOR (Other instructions on 5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY NOTICES AND REPORTS ((Do not use this form for proposals to drill or to deepen or plug to the use "APPLICATION FOR PERMIT—" for such p	back to a different recervoir
OIL GAS WELL OTHER	7. UNIT AGREEMENT NAME SEM 11.
2. NAME OF OPERATOR CONTINENTS OI COMPS 3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME SEMU Penn
Box 460 HOBBS N.M. 88	240
4. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) At surface / 780 F5L 8 / 780 FWL OF	State requirements. 10. FIELD AND POOL OR WILDCAT
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, 352/6/	
	lature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHIT-OFF DEPARTMENT WELL

(Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

DRLD 11/6" Holo From 4000' TO 7764' TD. Sot 54" 17#
15-55 LT&C CSG From 3845' TO 7764' & CMTD W/525-5X
Class "C" CMT with Additives, Plug Down AT 6:30 PM 1-24-77. Released Rig 1-25-77.

18. I hereby certify that the foregoing is true and corn	W TITLE ADMIN SUPE.	DATE 1-26-77
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		BM

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