Form 9-331

Form	Approved.	
Budge	et Bureau No	42_R142

Dec. 1973	Form Approved. Budget Bureau No. 42-R142
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC 031670 B
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	
1. oil Gas G	8. FARM OR LEASE NAME
well well other	9. WELL NO.
2. NAME OF OPERATOR	5761
CONTINENTAL OIL COMPANY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	BLINEIBRY, TUBB
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY O
below.)	5EC 21, T 205, R38E
AT SURFACE: 660'F3L + 660'F4L AT TOP FROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	LEA NM.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15 5/5/200
DEQUEER THE	15. ELEVATIONS (SHOW DF, KDB, AND WD 3546' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	2346 612
TEST WATER SHUT-OFF FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	change on Form 9-330.)
CHANGE ZONES	
ABANDON*	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	e all pertinent details, and give pertinent dates irectionally drilled, give subsurface locations and t to this work)*
IT is proposed to change the number	of subject well from
57 to 61 imporden to reflect our ord	of the terms of th
location was approved 3-30-77 as Wa	of arilling, I his
as wa	rran Unir No. 47.
	for the property
	JAN 29 1979
	U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO
Subsurface Safety Valve: Manu. and Type	
	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED WW G. Plutterfuld TITLE admin Supr	DATE 1-24-79
(This space for Federal or State offic	e your TABOVED
APPROVED BYTITLE CONDITIONS OF APPROVAL, IF ANY:	Are
4666 5	JAN 2 9 1979
NMFU 4	JMI ~
FILE.	TOTALCT ENGINEER
*See Instructions on Reverse Sig	ACTING DISTRICT ENGINEER