Form 9-331

UNITE STATES

| UBMIT IN TRIPLICA Other instructions on | Budget | | | |
|---|------------------|--|--|--|
| erse side) | 5. LEASE DESIGNA | | | |
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| | | | | Duuge | | Dui | . = | zu 11 | U. 71 | <u></u> | |
|---|----|----|----|-------|---|------|-----|-------|-------|---------|----|
| | 5. | LE | SE | DESIG | N | ATIO | N | AND | SERI | AL | NO |
| ı | l | | _ | | _ | _ | | | ▗▗ | . 4 | _ |

| (May 1963) | DEPARTMENT OF THE INTERIOR (Other Instructions GEOLOGICAL SURVEY | 5. LEASE DESIGNATION AND SERIAL NO. |
|------------------|---|--|
| (Do not use | SUNDRY NOTICES AND REPORTS ON WELLS this form for proposals to drill or to deepen or plug back to a different reservoi Use "APPLICATION FOR PERMIT—" for such proposals.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OIL GA | AS OTHER | 7. UNIT AGREEMENT NAME |
| 2. ONTINE | ENTAL DIL COMPANY | 8. FARM OR LEASE NAME HAWK B-1 9. WELL NO. |
| Box 4 | 160 HOBBS, N.M. 88240 | 10. FIELD AND POOL, OR WILDCAT |
| See also space 1 | SLE (Report location clearly and in accordance with any State requirements.* SLE 1980' FEL SEC. 9 | DRINK ARD & BUINEBR. 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA SURVEY OF AREA |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE LEA |
| 16. | Check Appropriate Box To Indicate Nature of Notice, Repo | ort, or Other Data |

| NOTICE OF INTENTION TO: | | | SUBSEQUENT REPORT OF: | | | |
|------------------------------------|--------|--|-----------------------|--|---------------------------------|--|
| TEST WATER SHUT-OFF FRACTURE TREAT | ICE OF | PULL OR ALTER CASING MULTIPLE COMPLETE | | WATER SHUT-OFF FRACTURE TREATMENT | REPAIRING WELL ALTERING CASING | |
| SHOOT OR ACIDIZE | | ABANDON* | | SHOOTING OR ACIDIZING | ABANDON MENT* | |
| REPAIR WELL | X | CHANGE PLANS | | (Other) (Note: Report results of m Completion or Recompletion | ultiple completion on Well | |
| (Other) | | | <u></u> | 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.) *

Pressure on the surface-production csq string annulus indicates a possible csq. lenk. Csq. will be tested of if lenk is found, squeeze w/150-200 sks. Class "C" cmt.

| S. I hereby certify that the foregoing is true and con | TITLE SZ | ANALYST | TATE | 12.3.75 |
|--|----------|----------------------|-----------|---------|
| (This space for Federal or State office use) | | Therese | | |
| CONDITIONS OF APPROVAL, IF ANY: | TITLE | OEC 4 | T375 CTET | |
| | *C | Pavata Sida TUTTELCT | DICINEER | |

USGS-5, NMRU.d. File