| DEPARTM   | JNITED STATES JET OF THE INTERIO   | SUBMIT IN TRIPLICATION (Other Instructions Correspond verse side) | re Budget Bureau  5. LEASE DESIGNATION        | u No. 42-R1424.                  |
|---|--|---|---|----------------------------------|
| SUNDRY NOTIC  | EOLOGICAL SURVEY  CES AND REPORTS Of the drill or to deepen or plug back rion for such properties. |   | 6. IF INDIAN, ALLOTTEE                        |                                  |
| OIL GAS OTHER   |  |   | 7. UNIT AGREEMENT NAM                         | d E                              |
| 2. NAME OF OPERATOR   |  | 8. FARM OR LEANE NAME   |   |                                  |
| Continental Oil Company   |  | Hawk a  |   |                                  |
| 3. ADDRESS OF OPERATOR P 0 Boy 460 Hobbs  | P. O. Box 460, Hobbs, NM 88240   |   | 9. WELL NO.                                   |                                  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.   |  | 10. FIELD AND POOL, OR WILDCAT                                    |   |                                  |
| See also space 17 below.)<br>At surface   | •  | •   | Blinebry 9 be                                 | ninhand                          |
| 1,980' FNL & 660' F.  | WL of Sec. 9   |   | 11. SEC., T., D., M., OR BI<br>SURVEY OR AREA |                                  |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT  | , GR, etc.)   | Sec. 9 7-2/5<br>12. COUNTY OR PARISH          | 13. STATE                        |
|   | 3519 DF  |   | Lea   | NM                               |
| 16. Check App   | propriate Box To Indicate Nati   | ure of Notice, Report, o  | r Other Data                                  |                                  |
| NOTICE OF INTENTI   | ION TO:  | SUBS  | EQUENT REPORT OF:                             |                                  |
| TEST WATER SHUT-OFF   | THE OR ALTER CASING  | WATER SHUT-OFF  | REPAIRING WI                                  | ELL                              |
| FRACTURE TREAT  | ULTIPLE COMPLETE   | FRACTURE TREATMENT  | ALTERING CAS                                  | SING                             |
|   | IANDON*  | SHOOTING OR ACIDIZING   | ABANDONMENT                                   | r•                               |
| · · · · · · · · · · · · · · · · · · ·   | IANGE PLANS  | (Other) (Note: Report resu  | alts of multiple completion of                | n Well                           |
| 17. DESCRIBE PROPOSED OR COMPLETED OFERA  | ATIONS (Clearly state all portinent d  | Completion or Recor   | mpletion Report and Log form                  | n.)                              |
| proposed work. If well is directions nent to this work.) *  | ally drilled, give subsurface location   | s and measured and true ver                                       | tical depths for all markers                  | of starting any and zones perti- |
| Reworkale lamming   | le was accompa   | lished in the   | is well by the                                | lee                              |
| Galled producing so<br>ran 218 Juling so<br>rots. Elect wel   | equipment, me<br>A at 0,459, with :  | chiling the 1<br>5. M. at 6 122.                                  | lical tubing .<br>Ran pung an                 | strings                          |
|   |  |   |   |                                  |
|   |  |   |   |                                  |
|   |  |   |   |                                  |
|   |  |   |   |                                  |
|   |  | •   |   |                                  |
|   |  |   |   |                                  |
|   |  |   |   |                                  |
|   |  |   |   |                                  |
| •   |  |   |   |                                  |
|   |  |   |   |                                  |
| •   |  |   |   |                                  |
|   |  |   |   |                                  |
| 18. I hereby certify that the foregoing is the  | crue and correct   |   |   |                                  |
| 18. I hereby certify that the foregoing is to signess the signess of the signess | A .d *   | n. Supervisor   | DAME 9-11-                                    | <br>73                           |
| SIGNED SILLY STOPLE   | TITLE Admi   | n. Supervisor   | DATE 9-1/-                                    | 73                               |
| 18. I hereby certification foregoing is to SIGNED SIGNED (This space for Federal or State office  | TITLE Admi   | n. Supervisor   | DATE 9-11-                                    | 73                               |
| (This space for Federal or State office   | use) TITLE Admi  | n. Supervisor   | DATE S-//-                                    | 73                               |
| SIGNED STATE OF STATE OFFICE  | use) TITLE Admi  | n. Supervisor   | THE PROPERTY OF                               | 73                               |

\*See Instructions on Reverse Side GECLOGICAL MEXICO 1

USGS-5 FILE NM.F.U.-4