Form 9-331 (May 1963)		UNITED STATI	ES	SUBMIT IN TRIPLIC		Form approv Budget Bure	ed. au No. 42-R1424.
(May 1500)	DEPART	ME "I OF THE	INTERIO	R (Other instructions of verse side)	5. LEAS		AND SERIAL NO.
	•	GE' JICAL SU	RVEY	_	120	- 0320	96 (b) e or tribe name
SUN (Do not use this	IDRY NOT	ICES AND REF	ORTS O	N WELLS	6. IF I	NDIAN, ALLOTTE	E OR TRIBE NAME
OIL GAS WELL	OTHER		·		7. UNIT	F AGRESMENT NA	ME
2. NAME OF OPERATOR					8. FAR:	OR LEASE NAS	ME
Continental	Oil Compa	ny			Lean	Chart .	6-13-a
3. ADDRESS OF OPERATO	B		· .		9. WEL	L NO.	
P. O. Box 46	O. Hobbs.	New Mexico 8	8240		6		
4. LOCATION OF WELL ( See also space 17 bel At surface	Report location ( low.)	FEL 7 Jec	ce with any St	ate requirements.*	11. sz	C., T., R., S., OR I	DI or Som
14. PERMIT NO.		15. ELEVATIONS (Show	whether DF P	T CR etc.)		./3 /-Z	/5 /2-37/E
14. PERMIT NO.	•			it, un esci,		2	NM
		344	g'DF			a	1
16.	Check A	ppropriate Box To I	ndicate Na	ture of Notice, Report	, or Other De	ata	
	NOTICE OF INTE	NTION TO:	1	8	UBSEQUENT REP	ORT OF:	
TEST WATER SHUT-	,,,	PCLL OR ALTER CASING		WATER SHUT-OFF		BEPAIRING '	WELL
FRACTURE TREAT	~ <b>~</b>	MULTIPLE COMPLETE		FRACTURE TREATMENT	. [-]	ALTERING C	ASING
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZIN		ABANDONME	NT*
REPAIR WELL		CHANGE PLANS	'	(Other) Show	tilu		<b>F</b>
(Other)	<u> </u>			(Note: Report Completion or R	results of multi	ple completion	on Well
17. DESCRIBE PROPOSED Of proposed work. I nent to this work.)	R COMPLETED OP	ERATIONS (Clearly state ionally drilled, give sub	all pertinent surface locatio	details, and give pertinent ns and measured and true			
Status of We	11: 5km	x in					
Approximate	date that	temp. aban. c	ommenced	: 1-23-69	•		
		·: UNECONON					
Future plans		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
•							
	Located	in proposed	Bline	bry Waterflood Uni	1		
							•
				,			
							- · · · .
				D. 1 . C.	-6		
				Dec 1,19:	19	*	
				·			•
•							
							•

Approximate date of future W. O.	or plugging: Fall 1976	
18. I hereby certify that the foregoing is true and correct SIGNED (Saint ) Full 11	Division Office Manager	DATE 10/30/74
(This space for Federal or State office use)	Daran a	D.1008
CONDITIONS OF APPROVAL, IF ANY:	TITLE	ÄPPROVED

\*See Instructions on Reverse Side

USGS-5, NMFK-4. Kile

NOV 4 1974

JIM SIMS

ACTUS DISTRICT ENGINEER