DE

424.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNITER TATES	SUBMIT IN TRIPLICATE		Form approved. Budget Bureau No. 42 R14
PARTMENT C. THE INTERIOR	verse side)	5. LEASE	DESIGNATION AND SERIAL N
CEOLOGICAL SURVEY	1	ZC	063228

SHINDRY	NOTICES	AND	REPORTS	ON	WELLS
SUINDLE	14011623	\neg	MEI ONIS	\mathbf{v}	**

SUNDRY NOTICES AND REPORTS ON WELLS. (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir, Use "APPLICATION FOR PERMIT" for such proposals.)	
OIL GAS OTHER	7. UNIT AGREEMENT NAME
CONTINENTAL ON COMPANY	8. FARM OR LEASE NAME FIELDS
Box 460 Hobbs N11 88240 Location of Well, (Report location clearly and in accordance with any State requirements.)	9. WELL NO.
At surface 660' FNL f' 330' FEL OF Sec. 25	MILLOCAT CHEYPY TH. SEC., T., R., M., OR BLN. AND SURVEY OR AREA
	Sec. 25 7235 R.32

14. PERMIT NO. 3719'GR

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS WATER SHUT-OFF REPAIRING WELL SHOOTING OR ACIDIZING (Other) (Other) (Note: Report results of multiple completion on Well	NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
(Other) Completion or Recompletion Report and Log form.)	FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE BEPAIR WELL CHANGE PLANS	FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) SET SUYFFE (59)

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.)*

Spudded 8130 PM 10-10.76 & DRLD 124" Hele to 1290', Set 95%" (59 AT 1290'; CMTD. W/525 SX Class'c" (Mt with 2% CACL, eige, to Surface,
Plug Down AT 1:00 PM 10-13-76. WOC 18 Hrs, Tested
Of W/500 PSI For 30 MINULES. DRLD Ahood W/83/4 Hole.

18. I hereby county that the fyregoling is true and correct SIGNED Bill The fire of the sidness	TITLE adm	Supervisor	DATE 10-21-76
(This space for Federal or State office use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		EPTED FOR RECORD

*See Instructions on Reverse Side

OIL COMMERVATION COMM.

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