(SUBMIT IN TRIPLICATE)

Budget Bureau No. 42-R358.4. Form Approved,

Land Office 205 Crusos

Lease No.

:0M

IM-0127A----

Unit Leese

X.

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL NOTICE OF INTENTION TO SHOOT OR ACIDIZE NOTICE OF INTENTION TO PULL OR ALTER CASING NOTICE OF INTENTION TO ABANDON WELL	SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING. SUBSEQUENT REPORT OF ALTERING CASING. SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR. SUBSEQUENT REPORT OF ABANDONMENT. SUPPLEMENTARY WELL HISTORY.
(INDICATE ABOVE BY CHECK MAR	RK NATURE OF REPORT, NOTICE, OR OTHER DATA)
GOEFERGE	19 63
Well No. 2 is located 1980 ft. from	m. $\binom{N}{S}$ line and 2.33 ft. from $\binom{E}{S}$ line of sec.
Sil/4, of NE/4 Sec. 10 (Twp.	(Kunge) (Meridian)
	or subdivision) (State or Territory)
The elevation of the derrick floor above sea le	
DETA	ILS OF WORK
State names of and expected depths to objective sands; show si ing points, and all	izes, weights, and lengths of proposed casings; indicate mudding jobs, cement- other important proposed work)
in order to produce Onle well from t	dus pendon del en commail 5058—5072 of the
enser deni, en 80-0 marring weit, a	20-19 o'll o'll 20tor, 1,750' e 8 3/4 "
unicer reas, and 3,500° at 5/8° cert	on role design of allowed on 11-27-12.
I understand that this plan of work must receive approval in	n writing by the Geological Survey before operations may be commenced.
Address For AT	
Lobbs, Res Pariso	By Leece
	Title A distant District Surpristance
SGS (5) MESCO (2) SLC VIQUE FOR C	GP 3 914974

1ay 1963) DEPA	UNITED STATI ARTMEN OF THE		UBMIT IN TRIPLICA Other instructions on erse side)	ra-I.	Budget Bu	oved. reau No. 42	-K14
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(Do not use this form for	Droposals to drill or to doon	on on nine book to	different reservoir.			7 7	-
Use "Al	PPLICATION FOR PERMIT—	for such proposals.)				
OIL GAS				7. UN	T AGREEMENT	NAMB	1,
WELL WELL OT	HER						-1.
NAME OF OPERATOR	OMBAN :: :			8. FAR	M OR LEASE N	AMB -	
ONTINENTAL OIL C	UMPANY			Lo	1.1.		
ADDRESS OF OPERATOR				9. WE	LL NO.		
O. Box 460, Hobbs,				10	(i .	à
LOCATION OF WELL (Report loca See also space 17 below.)	ation clearly and in accordance	e with any State re	quirements.*		ELD AND POOL,	7 3 7 =	· .
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	k Appropriate Box To Ir	naicate Mature (or Notice, Keport, o	or Other D	ata 🚆 🚆		5
NOTICE OF	INTENTION TO:	1	SUB	SEQUENT REP	ORT OF	是 五 五 五 五 五 五 五 五 五 五 五 五 五	3
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WARREN COURSE		· 表示基础		Ē
FRACTURE TREAT	MULTIPLE COMPLETE		VATER SHUT-OFF		BEPAIRING	. I i i =	_
SHOOT OR ACIDIZE		F	RACTURE TREATMENT		ALTERING	CASING -	_
REPAIR WELL	ABANDON*	s	BHOOTING OR ACIDIZING	ا في السا	ABANDONM	BNT*	<u> </u>
7	CHANGE PLANS	<u>, , , , , , , , , , , , , , , , , , , </u>	Other)			<u> </u>	٥
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tic propore	I to perf. as	editional	Juy (Dela dure: Clas	arne) on In	same I any	zan	pert
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