UNIT O STATES SUBJECT OF THE INTERIOR THE

SUBMIT IN TRIPLICATIONS

Form approved.
Budget Bureau No. 42-R1424.

DATE _

DEPARTMEN : JF THE INTERIOR verse side) GEOLOGICAL SURVEY				LC 03	O139 B	
	NOTICES AND RE			6. IF INDIAN, ALL	OTTEE OR TRIBE NAME	
OIL GAS WELL	OTHER	······································		7. UNIT AGREEME	LYNN	
2. NAME OF OPERATOR	. 0			8. FARM OR LEAS	E NAME	
ONTINENTAL 3. ADDRESS OF OPERATOR	OIL COMPANY			LANG/18 1	-XNN UNIT	
Box 460. H	LOBBS N.M.	88240)	/	9	
4. LOCATION OF WELL (Report See also space 17 below.) At surface	location clearly and in accorda	nce with any State	requirements.*	10. FIELD AND PO	OL, OR WILDCAT	
	L OF SEC. 26	/	*.	11. SEC., T., R., M SURVEY OR	, OR BLE. AND	
14 PRINTE NO	15 PIPUATIONS (Sh	ow whether DF. RT. G	P atc.)	12 COUNTY OR P	235 K-36.	
14. PERMIT NO.		5' DF	. Eu.)	LEA	N.M.	
16.	heck Appropriate Box To		of Notice, Report,	or Other Data		
				BSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	a	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING PLACIDIZING (Other) (Note: Report r Completion or Re	ALTERI G ABANDO	ING WELL ING CASING ONMENT* ILION on Well og form.)	
proposed work. If well	PLETED OPERATIONS (Clearly statis directionally drilled, give su	ibsurface locations a	ind measured and true	vertical depths for all m	arkers and zones perti-	
RON 23/8"	coment lived	fubing	w/pkr. S	et Packer	@ 3443	
and placed	coment lived well on i	njection	. Wak	dove on	f-f-74.	
				·.		
	, , ,	,				
Permit to C	envert to ins	ection -	R-441,	7		
	1			<u> </u>		
18. I hereby certify that the	regoing is true and correct	50	ANDLYST		9-19-74	

*See Instructions on Reverse Side

uncert Pales Sile

APPROVED BY

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY: