Form 9-331 (May 1963)	UNITED STATES C. SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on re- verse side)				ATE• Form	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.	
					U. LEASE DESIGN		
CUI	MDRY NOTICES AND REPORTS ON WELLS					6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
(Do not use th	NDRY NC is form for pro Use "APPL	DICES AND REPC posals to drill or to deepen ICATION FOR PERMIT—" of	ORTS ON or plug back for such propos	WELLS to a different reservoir.	O. IF INDIAN, AL	LOTTER OR TRIBE NAME	
1. OIL GAS WELL OTHER 2. NAME OF OPERATOR					7. UNIT AGREEM	7. UNIT AGREEMENT NAME	
					NMFU	NMFU 8. PARM OR LEASE NAME	
Continental Oil Company						Stevens B	
3. ADDRESS OF OPERATOR					9. WELL NO.		
Box 460, Hobbs, New Mexico 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface						18 10 Pieto AND FOOL OR WILDCAT	
1980' FSL & 610' FEL, Sec. 7, T-23S, R-37E						Langlie Mattix 11. SEC., T., R., M., OR BLK. AND	
Lea County	New M	rru, sec. (, T exico	. - 238, 1	(-3/E	SURVEY OF	I., OR BLK. AND LARBA	
Lea County, New Mexico					Sec. 7	T-23S, E-37	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3360 ° DF (Est.)			12. COUNTY OR PARISH 13. STATE		
					Lea	N.M.	
16.	Check A	Appropriate Box To Ind	licate Natur	e of Notice, Report,	or Other Data		
	NOTICE OF INTENTION TO:				BSEQUENT REPORT OF:	JENT REPORT OF:	
TEST WATER SHUT-	off	PULL OR ALTER CASING		WATER SHUT-OFF	X	RING WELL	
FRACTURE TREAT SHOOT OR ACIDIZE		MULTIPLE COMPLETE	_	FRACTURE TREATMENT	ALTER	ING CASING	
REPAIR WELL		ABANDON* CHANGE PLANS	-	SHOOTING OR ACIDIZING	ABANI	ONMENT*	
(Other)	استجا		-	(Other)(Note: Report re	sults of multiple comple completion Report and I	etion on Well	
sx. Class Plug down P.M. 4-5-6	~	jts. 4 1/2" C ent w/4% gel. .M. 4-5-67. T	sg. set using l op of C	@ 3750' and O centralize ement 2200'.	Cemented wirs and 20 so Rig releas	th 200 ratchers. ed 10:00	
					APR.	L 3. 1987	
18. I hereby certify that	ve d	Carly TITI	ъ <u>Staf</u> í	Supervisor	DATE	4-6-67	
(This space for Fed	eral or State o	ffice use)				-	
APPROVED BYCONDITIONS OF A	PPROVAL, IF	ANY:	Æ		DATE		