Form 9-331

	3372 7 . 1 .	90 - 100 1 - 100 - 100 1 - 100 - 100	N.W.		
14. PERMIT NO.	15. BLEVATIONS (Show whether DF, RT, QR, etc.)	12. COUNTY OR PARISH 13	. STATE		
· - 	r, hew Mexiac.	T=23	d, 5-37		
	SURVEY OR AREA				
: 660: BSL &	: 1650' FEL, Sec. 7, T-233, A-173,	11. SEC., T., R., M., OR BUR.	11. BEC., T., R., M., OR BLE. AND		
At surface	Large 18 Watt	1 San			
4. LOCATION OF WELL See also space 17 b	(Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WI	LUCAT		
.P. O. Box.	(Report location clearly and in accordance with any State requirements.*	1 /4	1		
3. ADDRESS OF OPERAT	OR .	9. WELL NO.	4		
Continenta	C (11 Company	Stevens E	1		
2. NAME OF OPERATOR	8. FARM OR CHARE NAME				
well X wall	7.7				
1. OIL [7] GAS		7. UNIT AGREEMENT NAME	1		
On not use th	D. IF INDIAN, ALLOTTER OR	TRIBE NAME			
	6. IF INDIAN, ALLOTTER OR				
	DEPARTMENT OF THE INTERIOR (CITTLE INTERIOR OF THE INTERIOR OF	5. LEASE DESIGNATION AND	!		
(May 1963)	DEDADTMENT OF THE INTEDIOD (Other instructions on	re Budget Bureau N			

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
						ļ.	· -
EST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	x	REPAIRING WELL	i]
RACTURE TRBAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	.
HOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT®	.
EPAIR WELL		CHANGE PLANS		(Other)		,	_
Other)				(Note: Report res Completion or Reco	mits of multiple ompletion Report	completion on We t and Log form.)	41

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 sones pertinent to this work.) *

Spudded well on 7-11-57. Intiled 11' hale to 855'. 7 5/8" CD 24# H-40 casing, set at 355%. Casing was comerted w/150 sx. Class "C" coment w/4% gel and 2% calcium chloride. Conent circulated. Plug down at 10:30 P.M., 7-11-67. Tested casing w/1000# for 30 mindtes. Tested ck. WOC 24 hours.

	DISTRICT ENGINEEP		_
18. I hereby certify that the foregoing is true and correct SIGNED ALLE ALLE ALLE ALLE ALLE ALLE ALLE AL	TITLE TOTAL TOTAL	DATE 4-67	_
(This space for Federal or State office use)			=
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	_
USGS-5 ATT-Pos-2 CEEV-Min-	₽ PAS HEST TOSE ESTE	!	