Form 9-331 (May 1963)

## UNITED STATES SUBMIT IN TRIPLICATE\*

Form approved,

		panager	mures	III N	ο,	42–R	1424	ł.
5. 1	LEASE	DESIGN	MOITA	AND	SE	RIAL	NO.	_
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DEPAR		OR verse side)	5. LEASE DESIGNATIO	N AND SERIAL NO.
SUNDRY NO	OTICES AND REPORTS C	ON WELLS	6. IF INDIAN, ALLOTT	49 (C) EE OR TRIBE NAME
1. OIL GAS	posals to drill or to deepen or plug ba ICATION FOR PERMIT—" for such pro	ick to a different reservoir. oposals.)	7. UNIT AGREEMENT I	NAME
WELL WELL OTHER  2. NAME OF OPERATOR				
Continuental Di	la la maran		8. FARM OR LEASE NA	
3. ADDRESS OF OPERATOR	l langung	*	9. WELL NO.	18 Febers
1. 1. Boy 460, Hr	thes New Mer	LES	1	
4. LOCATION OF WELL (Report location See also space 17 below.) At surface	clearly and in accordance with any S	State requirements.*	10. FIELD AND POOL,	OR WILDCAT
1980' FIUL & 165	10' FSL, Sec. 18		11. SEC., T., R., M., OR SURVEY OR ARE	BLK, AND
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, 1	PT CP etc.)	Sec 18 7-26 12. COUNTY OR PARIS	8-32E
	3221' BR		12. COUNTY OR PARIS:	1
16. CL   A			hea	n. Mey
Check A	Appropriate Box To Indicate Na	iture of Notice, Report, or (	Other Data	
NOTICE OF INTE	INTION TO:	SUBSEQ	UENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING C	ASING
REPAIR WELL	ABANDON* CHANGE PLANS	SHOOTING OR ACIDIZING	ABANDONME	NT*
(Other)		(NOTE: Report results	of multiple completion	on Well
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OF proposed work. If well is direct nent to this work.) *</li> </ol>		details, and give pertinent dates, as and measured and true vertice	etion Report and Log fo including estimated dat all depths for all marker	rm.) te of starting any
Squelded 12/4" h 24 Lag et 100 Cement Cement	ale on 7-23-73	and drilled	to 1000'	Ect 828
Cement Consider	if to runface	The Sochates	- Clase C.	" Georgen
Set 5/2" 14" Cra "L" Coment. T.O.	at 4.422 Pa-		146 Rocks	- Check
<i></i>				
SIGNED JULE 1	true and correct	cion Oldice Manag	2 num // 2	73
(This space for Federal or State offic		The state of the s	THE UT-	<u>د، -</u>
APPROVED BY		Treater Mila	ا المالية الم	
CONDITIONS OF APPROVAL, IF A	NY:	40.13	DATE	
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\*See Instructions on Reverse Side