UNITED STATES  SUBMIT IN TRIPLICATE  DEPARTM TOF THE INTERIOR (Other Instruction on re- verse side)  GL OGICAL SURVEY			n re   Budget Bureau No 42 Date
			5. LEASE DESIGNATION AND SERIAL NO
CHAIDDY NO	LC 030467 (E		
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAM
Use "APPLIC	CATION FOR PERMIT—" for such	back to a different reservoir.	
1. OIL 57 GAS 57			7. UNIT AGREEMENT NAME
WELL X WELL X OTHER	(Dupe)		
NAME OF OPERATOR			8. FARM OR LEASE NAME
CONTINENTAL VIL	Company		VALIGUA R-1
Real of OFERENCE		Go-	9. WELL NO.
4. LOCATION OF WELL (Report location See also space 17 below.)	OBBS N.M.	88240	
See also space 17 below.) At surface	creatily and in accordance with any	State reguirements.	10. FIELD AND POOL OR WILDCAT
1980 FAL & 660' FUL OF SEC. 4			LANGUE MATTI
			SURVEY OR AREA
		n. k. Sv	
4. PERMIT NO.	15. ELEVATIONS (Show whether DE	, RT, GR, etc.)	12. COUNTY OF PARISH 12. STREET
	3345' G	· ·	TARISE 135 STATE
6. Charle A.			LEA N.M.
No.	ppropriate Box To Indicate N	lature of Notice, Report,	or Other Data
NOTICE OF INTER	NTION TO:	SUI	SERQUENT REPORT OF
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	BEFAIRING WELD
I k	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
DEDLIN THE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT
REPAIR WELL (Other)	CHANGE PLANS	(Other)	EDUCTION (ASING X
DESCRIBE PROPOSED OF GOVERNMENT	PATIONS (Clearly at the N	Completion of Rec	sults of multiple completion on Well- ompletion Report and Log form.)
proposed work. If well is direction nent to this work.) *	onally drilled, give subsurface locat	t details, and give pertinent di ions and measured and true ve	ompletion Report and Log form.)  ates, including estimated date of starting an rtical depths for all markers and zones pert
sks. Class "C" of cement Q	, _ '	· / /	the weather we decrease a good to be an included by the first extendibution of the second by the sec
. I hereby certify that the foregoing is	true and correct		
1/2/2/201	Alexand Confect	Q Ann	
SIGNED	TITLE	R. HNALYST	DATE 10-6-74
(This space for Federal or State office	use)		
APPROVED BY	m==-		
CONDITIONS OF APPROVAL, IF AN	Y:		DATE
		\	CCEPTED FOR RECORD
	*See Instructions of	on Reverse Side	00T 1 1 1974

USGS-5. NMFU-4, File