C.

DEPARTMENT CATHE INTERIOR (Other Instructions on re	Form (applied of the Bureau No. 4 Oct Cat St. LEASE DESIGNATION AND SERIAL NO.
SUNDRY NOTICES AND REPORTS ON WELLS	0. IF INDIAN, ALLOCTEE OR TRINE NAME
Use "APPLICATION FOR PERMIT—" for auch proposals.)	
WELL CAS WELL OTHER 2. NAME OF OPERATOR	7. UNIT AGREEMENT NAME MMF11
Continental Oil Company 3. Address of OPERATOR	8. FABN OR LEASE NAME
Box 460, Hobbs, New Mexico 88240 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. At surface	9. WELL NO.
1980' FNL & 1990' FIEL .	JALMAT YATES GAS 11. BEC., T. E., M., OF BLE. AND
in Lea County, New Mexicol 14. PERSIT NO. 15. ELEVATIONS (Show whether DF, RT, CR. etc.)	SURVEY OF AREA Let. 20 T-245 0 201
16 MAN DF	12. COUNTY OR PARISH 13. STATE
Check Appropriate Box To Indicate Nature of Notice, Report, or O	ther Data
FULL OR ALTER CASING FRACTURE TREAT MULTIPLE COMPLETE BHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING	REPAIRING WELL ALTERING CASING
(Other) (Other) (Other) (Other) (Note: Report results of Completion of Recompleted Proposed work. If well is discussed by the complete of	f multiple completion on Well lon Report and Log form.)
nent to this work.)*	depths for all markers and zones porti
The following is a brief description procedures to dual complete this well.	
Wrill out bridge plug at 3/85' sets.	nest at 32101
bottom. I rest open hole will and all you	TNE acid on
23/8" w/ packer, to be at t	Eacid. Runtly
35000'. Run 14" taking for 145 w	tailpipe to
3100. Place Well on production.	set at approx.
**	
3. I hereby certify that the first in the fi	
SIGNED Administrative Section Chie: (This space for Federal or State of St	0 2 10
(This space for Federal or State office use) APPROVED BY	DATE 7-3-69
CONDITIONS OF APPROVAL, IF ANY:	DATE
- · · · · · · · · · · · · · · · · · · ·	

*See Instructions on Reverse Side

USGS - 5 Perlinero 13