Form 9-331 (May 1963)

UNIT STATES SUBMIT IN TRIPLICA (Other instructions of THE INTERIOR verse side) Form approved. Budget Bureau No. 42-R1424. 5. Livase designation and serial No. DEPART

| ACNIT | THE | INTERIOR | (Other instructions verse side) | 01 |
|--------|---------|-----------|---------------------------------|----|
| AITIAI | _1 1111 | HILLINOIT | reibe blue, | |

| GEOLOGICAL SURVEY | NM 032/6/3 |
|--|---|
| 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, ALLOTTÉE OR TRIBE NAME |
| OIL GAS OTHER | 7. UNIT AGREEMENT NAME MMFU |
| 2. NIME OF OPERATOR ONTINENTAL OIL COMPANY | 8. FARM OR LEASE NAME JACK B-29 9. WELL NO. |
| Box 460, HOBBS, N.M. 88240 | 10 FIELD AND POOL, OR WILDCAT |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | 11. SEC., T., R., M., OR BER, AND |
| 990 FSLE 330 FEL OF SEC. 29 | SET 29, 7-245, R-37E |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3256'DF | 12. COUNTY OR PARISH 13. STATE LEA N.M. |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or C | Other Data |
| NOTICE OF INTENTION TO: | UENT REPORT OF: |
| TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOTING OF ACIDIZING | ALTERING CASING ABANDONMENT* |
| REPAIR WELL CHANGE PLANS (Other) (NOTE: Report result: | of multiple completion on Well letion Report and Log form.) |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates proposed work. If well is directionally drilled, give subsurface locations and measured and true vertice. | including actimated date of starting any |
| Cleaned out to TD 3560'. RAN slots | led liner (9;4s |
| 4" csg) . Top of liver @ 3206 that | for 3560'. Boffor |
| 5 its slatted w/1/16" x 8" slats w/32 s | lots per joint. |
| liver Not comented. Re-ran prod. | gpt. |
| 1 -1-10/ 6-26-25 Completed 10-2- | 75. |
| Vest before - Shat-in; After: pinpd | 4280 162 BW Obas |
| Test before - sunt-in, pitter !! | |

| I hereby certify that the foregoing is true and co | TITLE SA | · ANALYST | TAGE /0 -27 |
|--|-------------------|---------------------------|--|
| (This space for Federal or State office use) | | LACEPTED FO | A Kroons |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE | OCT % | SURVEY STATES |
| (/ (1) | *See Instructions | on Reverse Side S. GEOLO. | NEW MEXICO |
| 5. NMFU-4, File | | HODE | and the second s |