Form 9-331 (May 1963)

UNITED STATES

SUBMIT IN TRIPLICATE.

Form approved.

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5. LEASE	DESIGN.	ATION	AND	HE	LAI.	NO.
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DEPARTMEN' OF THE INTERIOR verse side) GEOLOGICAL SURVEY	5. LEASE DESIGNATION AND SERIAL NO. \[\(\alpha - 03 \to 58 \end{align* (6)} \)		
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.)	G. IF INDIAN, ALLOTTEE OR TRIBE NAME		
I. OIL GAS X OTHER	VM fu		
2. NAME OF OPERATOR	8. FARM OR LEASE NAME		
Continental Oil Company	Sholes B-19		
3. ADDRESS OF OPERATOR	9. WELL NO.		
P. O. Rox 460, Hobbs, New Mexico 88240	ーン		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT		
At surface	JALMAT YAKS GAS		
990' FNL & 2310' FWL	11. SEC., T., R., M., OR BLK. AND SURVEY OR ABEA		
	Jec. 19 7-255 R-37 E		
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		
3109'DF	Lea NM		
Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data		
NOTICE OF INTENTION TO:	QUENT REPORT OF:		
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 zones pertinent to this work.)*

Status of Well: Skut Ju

SHOOT OR ACIDIZE

REPAIR WELL

Approximate date that temp. aban. commenced: //-/-66

Reason for temp. aban .: Unecomic

ABANDON* CHANGE PLANS

Future plans for well:

Study for remedial work

This approval abandon: With the DEC 1 1976

Approximate date of futu	re W. O. or,;	olugging: 🚜 🗘	hr. 1976
18. I hereby certify that the foregoing is true and c	TITLE	Stop and	DATE /2-1-75
(This space for Federal or State office use)	2 - 202		- 00000
CONDITIONS OF APPROVAL, IF ANY:	TITLE	LAPPED	FOR RESIDENCE
uscs (5) file nmfuff		ADDE	13 1976 JULY
	*See Instructions o	n Reverse Side	OGICAL SURVEY