Form 9-331 Dec. 1973

Form A	pproved	i.	
Budget	Bureau	No.	42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE A.C. 063458 5. IEINDIAN ALLOTTES OF TRUE NAME.	
SUNDRY NOTICES AND REPORTS ON WELLS	IF INDIAN, ALLOTTEE OR TRIBE NAME . UNIT AGREEMENT NAME	
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME	
1. oil gas other	Warran Unir	
well i other 2. NAME OF OPERATOR	9. WELL NO.	
CONTINENTAL OIL CO. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME TUBB / BLINEBRY	
P.O. BOX 460 HOBBS, N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
below.) AT SURFACE: 1980/5 \$660/W	SEC 25-203-38E	
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE	
AT TOTAL DEPTH:	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15	
DECLIFET FOR APPROVAL TO	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:		
FRACTURE TREAT SHOOT OR ACIDIZE		
REPAIR WELL	Willer F. Percert results of multiple	
PULL OR ALTER CASING MULTIPLE COMPLETE MULTIPLE COMPLETE	Report results of multiple completion or zone ange on Form 9–330.)	
CHANGE ZONES	1979	
(other) EXTEND APPROVAL X U. S. GEOLOGIC	AL SUDVEY	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	tectionally drilled, give subsurface locations and to this work.)*	
WE REQUEST THE APPROVAL PERIOD T		
ONE YEAR FROM THE INITIAL APPRO	VAL OF THE APPLICATION	
TO DRILL THE SUBJECT WELL.		
THE WELL WAS ORIGINALLY APPROL	/FD 3-14-79	
Unless Drilling Operations have		
Commenced, this drilling approval		
Subsurface Safety Valve: Manu. and Type	5.1.0	
18. I hereby certify that the foregoing is true and correct	Set @ Ft.	
SIGNED WOURS THE STIPLE TITLE ADMINISTRATIVE SUP	ER/606ATE 628-79	
(This space for Federal or State office		
APPROVED BY TITLE TOTALL TO SERVICE APPROVAL, IF ANY:	DATE + TOVED	
usgs 5	1979.	
• See Instructions on Reverse Sid	ACTING DISTRICT ENGINEER	