Form 9-331 Dec. 1973

UNITED STATES

Form Approved. Budget Bureau No. 42–R142	4
5. LEASE	_
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	_
7. UNIT AGREEMENT NAME	-
8. FARM OR LEASE NAME	_
SEMU PERMIAN 9. WELL NO.	
10.6 10. FIELD OR WILDCAT NAME	
SKAGGS Graylarg 11. SEC., T., R., M., OR BLK. AND SURVEY O	_
AREA	r
3CC. 19 - 205 - 38E 12. COUNTY OR PARISH 13. STATE	_
LED NM	_
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3537.GR	-
Report results of multiple completion or zor change on Form 9–330.)	16
1979	
AL SURVEY MEXIOD inent details, and give pertinent date	- s
directionally drilled, give subsurface locations and to this work.)*	c
TO BE EXTENDED FOR	
ROYAL OF THE APPLICATION	
WYAL OF THE APPLICATION	
OVED 5-16-79	
Set @ F	t
UNCHEACHT 638-70	

DEPARTMENT OF THE INTERIOR	LC 031670 A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. 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.)	SEMU_
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil 🔞 gas 🗇	SEMU PERMIAN
well well other	9. WELL NO.
2. NAME OF OPERATOR	106
CONTINENTAL OIL CO.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	SKAGGS Graylarg
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
below.)	35C 19 - 205 - 38E
AT SURFACE: 2615/5 \$ 1345/W	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	LED NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3537.6R
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	• •
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE	Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	Change on Form 9–330.)
CHANGE ZONES	٠ .
ABANDON*	179
(other) EXTEND APPROVAL X U. S. GEOLOGICA	I CHEVEY
17. DESCRIBE PROPOSED OR COMPLETED OPERATION GRAD INCluding estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	MEXION tinent details, and give pertinent dates, irectionally drilled, give subsurface locations and
WE REQUEST THE APPROVAL PERIOD	TO BE EXTENDED FOR
ONE YEAR FROM THE INITIAL APPRO	OVAL OF THE APPLICATION
TO DRILL THE SUBJECT WELL.	
THE WELL WAS ORIGINALLY APPRO	VED. 5-16-79
Unless Drilling Operations have	
Commenced, this drilling approval	
Expires 5-/3-50	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
7/2	en e
SIGNED WILL AS SULLEN FULL TITLE ADMINISTRATIVE SU	PERISOSATE 628-79
(This space for Federal or State offi	ce use)
APPROVED BY TITLE	DATE ADDROVES
CONDITIONS OF APPROVAL, IF ANY:	- NOVED
usas s	1111 0. 44
	3: 1979°

*See Instructions on Reverse Side