

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY
3. ADDRESS OF OPERATOR 10000 100th Ave. N.E. Edina, Minn. 55425
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1849' EAL 1 1849' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|--------------------------|-------------------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF | ☐ | | ☐ |
| FRACTURE TREAT | ☐ | | ☐ |
| SHOOT OR ACIDIZE | ☐ | | ☐ |
| REPAIR WELL | ☐ | | ☐ |
| PULL OR ALTER CASING | ☒ | | ☐ |
| MULTIPLE COMPLETE | ☐ | | ☐ |
| CHANGE ZONES | ☐ | | ☐ |
| ABANDON* | ☐ | | ☐ |
| (other) <u> K </u> | | | |

5. LEASE Contract 36
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME NORTHEAST HAYNES
9. WELL NO. 10
10. FIELD OR WILDCAT NAME Cerro Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 21 T24N R5W
12. COUNTY OR PARISH Rio Arriba 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6684' G

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

It is proposed to repair a possible csg. leak in the subject well as follows:

- mfrd, kill well if necessary
- get pkr @ $\pm 5585'$, press test, spot 10' soln pkr
- isolate leak & squeeze w/ 50-100 cc class B' emt + additives. woc 18 hrs
- drill out emt & test to 1000 psi, resqueeze if necessary.
- clean out to ± 5900
- run prod eqpt & swab welling. put on prod.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED W. A. Butterfield TITLE Admin. Supr DATE 4-9-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

4565 Durango 5

FILE C

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY