

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  
P.O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650' FNL; 1650' FWL.  
AT TOP PROD. INTERVAL: SAME  
AT TOTAL DEPTH: SAME

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:    |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/> |
- (other) RUN 8 5/8 SURFACE CASING \*

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.)\*

DRILLED 12 1/4" HOLE TO 1010' KB. Casing Run 8 5/8", 24'  
CASING, SET AT 1005' KB. CMT CASING AS FOLLOWS:  
PUMPED 600 M class "B" cmt w/ additives,  
DISPLACE W/ 62 bbls FRESH WTR.  
CIRCULATE 260 SK TO SURFACE.

5. LEASE  
CONTRACT No. 41
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
JICARILLA APACHE
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
JICARILLA - 30
9. WELL NO.  
11
10. FIELD OR WILDCAT NAME  
W. LINDRITH GALLUP, DAKOTA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 30, T. 25N, R. 4W
12. COUNTY OR PARISH  
ROCKWELL
13. STATE  
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7385 GR.

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

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm. A. Putterford TITLE Admin. Supv DATE 8-2-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: