

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  
*Box 460, Hobbs, N.M. 88240*
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: *990' FSL + 1550' FEL*  
AT TOP PROD. INTERVAL:  
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 checked="" type="checkbox"/> |
| (other)              |                          |                                     |

5. LEASE  
*NM 18315*
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
*CONOCO 29-4*
9. WELL NO.  
*9*
10. FIELD OR WILDCAT NAME  
*Gobernador Pictured Cliffs*
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*Sec. 2, T-29N, R-4W*
12. COUNTY OR PARISH  
*Pio Arriba*
13. STATE  
*N.M.*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
*7015' ER*

(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.)\*

*Rigged up BJ to Pump Cmt to P + A 4-15-78. Set Cmt Plugs as follows:  
Bottom Plug from 4066' to 3576' w/170 SX of class B Cmt.  
Second Plug from 3106' to 2756' w/150 SX of class B Cmt.  
Third Plug from 543' to 443' w/50 SX of class B Cmt.  
Surface Plug from 30' to surface w/10 SX of class B Cmt.  
Rel. Rig at 4:00 PM 4-15-78.  
Erected Dry hole marker 4-16-78.*

Subsurface Safety Valve: Manu. and Type

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

SIGNED *Wm. A. Butterfield* TITLE *Admin. Supv.* DATE *4-17-78*

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



Ft.

*State*

\*See Instructions on Reverse Side

*USGS-Durango (5), North Western Pipeline, El Paso MTL, BEA, File*