

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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: 1980' FSL $\frac{1}{2}$ 460' FWL
AT TOP PROD. INTERVAL: -
AT TOTAL DEPTH: -

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

5. LEASE
LC 030143 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Reed - Sanderson Unit

8. FARM OR LEASE NAME
Reed - Sanderson Unit

9. WELL NO.
9

10. FIELD OR WILDCAT NAME
Eumont

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 3 T 20S R 36E

12. COUNTY OR PARISH | 13. STATE
LEA | N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3630' GL

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 checked="" 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)	<input type="checkbox"/>	<input type="checkbox"/>

(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.)*

An NMOC casing leak survey indicated a leak in the subject well. It is proposed to isolate the leak and determine the extent of damage. The casing leak will be repaired by grouting with special cement squeezing techniques.

RECEIVED
DEC 20 1978
U. S. GEOLOGICAL SURVEY
HOBBBS, NEW MEXICO
SEE ATTACHED FOR CONDITIONS OF APPROVAL

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

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

SIGNED Wm. D. Butterfield TITLE Admin. Supv. DATE 12-18-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

U565 5
KMSU 4
side

*See Instructions on Reverse Side

APPROVED
AS AMENDED
DEC 21 1978
C. Brown
ACTING DISTRICT ENGINEER