Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC.
(Other instructions on reverse side)

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 "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-031622(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL ☒   GAS WELL ☐   OTHER

2. NAME OF OPERATOR
Continental Oil Co.

3. ADDRESS OF OPERATOR
Box 460 Hobbs, N. Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL and 1980' FEL of Sec 14

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sanderson A

9. WELL NO.
9

10. FIELD AND POOL, OR WILDCAT
Eunice-Moument G-5A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 14, T-20S, R-36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3565' df

12. COUNTY OR PARISH
Lea

13. STATE
N. Mex

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
(Other)	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Set packer at 3669' and treated perfs 3866'-3874' w/ 2000 gals 15% FE-NE HCL acid.

Completed — 10-21-72

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

SIGNED *Robert Gault III*   TITLE *Admin. Supervisor*   DATE *11-17-72*

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

1972

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side