

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' FNL, 1980' 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 type="checkbox"/> |
| (other) <i>REFERT BLINERY</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

5. LEASE
NM 2512
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
Hank B-3
9. WELL NO.
18
10. FIELD OR WILDCAT NAME
Blinery
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec 3, T. 21 S, R. 37 E
12. COUNTY OR PARISH
LEA
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3496' DF

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

SUBJECT WELL WAS REPERT'D AS FOLLOWS:

- RIG UP, FULL PROD. EGYPT.*
- SPOT 250 gals 15% NE-HCL acid*
- PERF @ 5761, 62, 80, 83, 5824, 22', 36, 45, 47, 94, 99, 5902, 06, 10, 14 all under acid w/ 1 JSPE.*
- pmpd 140 bbl TFW TO FLUSH ACID.*
- pmpd 100 bbls TFW w/ 110 gals TRET-D-LITE SP-181 FOLLOW w/ 120 bbls TFW w/ 250 # ROCK SALT IN 200 gals 10# brine w/ 30 #/1000 gals GUAR GUM.*
- FOLLOW w/ 100 bbl TFW. w/ 110 gals scale inhib.*
- FLUSH w/ 120 bbl TFW.*
- RUN PROD. EGYPT, CLEAN LOCATION, REL. RIG.*

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

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

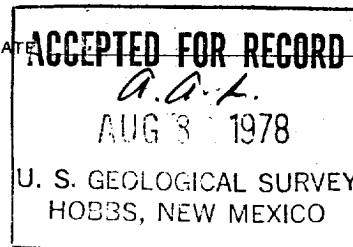
SIGNED *Wm. A. Butterfield* TITLE *Admin Supv* DATE *8-7-78*

(This space for Federal or State office use)

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

USGS [57, NMFU [11] FILE

*See Instructions on Reverse Side



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AUG 15 1978

CD CONSERVATION COMM.
BOBBS, N. M.