

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: *660' FNL + 1980' FEL*  
AT TOP PROD. INTERVAL: *5 imp*  
AT TOTAL DEPTH: *Same*

5. LEASE  
*LC-030168 (a)*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
*Eaves A*

9. WELL NO.  
*13*

10. FIELD OR WILDCAT NAME  
*Scarborough Gates 7-Rivers*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*Sec. 30, T-26S, R-37E*

12. COUNTY OR PARISH  
*Lea*

13. STATE  
*N.M.*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
*2951' DF*

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 checked="" 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) <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.)\*

*Rigged up work over Rig 12-7-77 and Pulled Producing Equipment. Ran Treatment Equipment with PKr Sat AT 2700'. Acidized Parts 3080'-3175' with 1500 Gals 15% Acid. Pulled Treatment Equipment and Re-Ran 2 7/8" Tbg Sat AT 3180' completed Pumping 40 B0, 262 BW, 43 MCFG IN 24 HRS. 12-14-77.*

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

18. I hereby certify that the foregoing is true and correct  
SIGNED *W. A. Butlerfield* TITLE *Admin. Supv.* DATE *12-20-77*

(This space for Federal or State office use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

