

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  
*PO Box 460 Hobbs n.m. 88240*
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: *1980' FSL, 1980' FEL*  
AT TOP PROD. INTERVAL: *same.*  
AT TOTAL DEPTH: *same.*
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

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

## SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☒
- ☐
- ☐
- ☐
- ☐
- ☐

## 5. LEASE

*LC 031670 (2)*

## 5. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 7. UNIT AGREEMENT NAME

*SEMU*

## 8. FARM OR LEASE NAME

*SEMU Permian*

## 9. WELL NO.

*34*

## 10. FIELD OR WILDCAT NAME

*Skags GRAYBURG*

## 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

*SEC. 19, T. 20S, R. 38E*

## 12. COUNTY OR PARISH

*LEA*

## 13. STATE

*N.M.*

## 14. API NO.

## 15. ELEVATIONS (SHOW DF, KDB, AND WD)

*3536' GR*

(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.)\*

*Subject well was cleaned out and acidized as follows:*

- 8-25 rig up, pull prod. eqpt.  
clean open hole to 3890', circ. hole clean  
spotted 1000 gals 15% HCLNE acid across O.H.,  
drip into formation w/TFW.  
pull workover string, run prod. eqpt., rel rig.  
place well on production.  
9-6-78. pmpr 2580, 257 BW in 24 hrs.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @ \_\_\_\_\_ Ft.

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

SIGNED

*Wm. A. Beatty*TITLE *Adm. Supr.*DATE *9-12-78*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

*UAGS [5], NMFL [4], FILE*

\*See Instructions on Reverse Side

