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' FNL , 990' FWL.
AT TOP PROD. INTERVAL: SAME
AT TOTAL DEPTH:

5. LEASE
LC-031695 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
SEMU

8. FARM OR LEASE NAME
SEMU McKee

9. WELL NO.
60

10. FIELD OR WILDCAT NAME
WARREN McKEE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 29 T·20S, R-38E.

12. COUNTY OR PARISH
LEA.

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3528' GR

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

	REQUEST FOR APPROVAL TO	SUBSEQUENT REPORT OF
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) CONV. TO INJ	☒	

(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.)*

IT IS PROPOSED TO CONVERT SUBJECT WELL TO INJECTION AS FOLLOWS.

- LOAD WELL w/ TFW.
- PULL TBG, PKR, VALUES.
- CLEAN OUT TO T.D IF NECESS.
- RUN 2⅜" P.L. TBG., w/ PKR SET AT ± 8765'
- CIRCULATE WELLBORE w/ 175 BBLS PKR FLUID
- FLANGE UP WELL HEAD, PLACE WELL ON INJECTION
NMOCC R-5631 dated 1-24-78

RECEIVED
AUG 18 1978
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

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

SIGNED _Ben R. Rice_   TITLE Admin. Supv.   DATE 8-17-78

(This space for Federal or State office use)

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

L1565 [5] NMFU [4] FILE

APPROVED
SEP 8 1978
OAF.
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side