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 INJECTION WELL
2. NAME OF OPERATOR: Continental Oil Company
3. ADDRESS OF OPERATOR: Box 460, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 660 FNL & 660 FWL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

5. LEASE: LC 031696(b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME: Eumont Hardy
8. FARM OR LEASE NAME: Eumont Hardy Unit
9. WELL NO.: 5
10. FIELD OR WILDCAT NAME: Eumont Yates 7 Rvrs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 31, T-20S, R-38E
12. COUNTY OR PARISH: Lea
13. STATE: NM
14. API NO.:
15. ELEVATIONS (SHOW DF, KDB, AND WD): 3502' 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	☐	☐
FRACTURE TREAT	☐	☐
CO ~~SHOOT~~ OR ACIDIZE	☑	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other)		

(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 CO and acid. the injection zone of Eumont Hardy No. 5 to lower injection pressure & increase injection rates. Procedures of the work are as follows:

1. Rig up. Tag for fill. POOH w/pkr & tbg. CO to PBTD (3793') if necessary.
2. Set pkr @ ± 3650' and prepare to acidize perfs w/2000 gal MOD 202 acid w/additives in two stages. Divert w/1000 lbs rock salt mixed w/650 gal brine wtr w/1000 gal guar gum after 1st stage. Flush to perfs w/21 bbls FW after 2nd stage.
3. Release treating pkr. Run Tension pkr and 2 3/8" tbg to 3652'. Set pkr.
4. Flange up wellhead & start injection.

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 6-23-78

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

USGS(5), NMOCC(2), Partners(7), File