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Form 9-331

Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR nm 033875434458 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME 1. oil Federal 34 gas well well other 9. WELL NO. 2. NAME OF OPERATOR CONTINENTAL OIL COMPANY V 10. FIELD OR WILDCAT NAME Can Class Office Marion 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 34 T.205 R. 26E AT SURFACE: 960' 15L & 1980' FWX 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: -Eddy AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3257.5 REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL on or zone PULL OR ALTER CASING MULTIPLE COMPLETE DEC - 8 1978 CHANGE ZONES ABANDON* (other) Set 93/8" INT. Cag O. C. C. 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.)* 12-2 drilled to 2820' inticsg TiD. Ran loss and set 95/8" intermediates as follows. RI CASEFS & PAN 9-5/8" INT. CSG AS FOLLOVS. PAN FLT SHOE, 42' SHOE JT, FC & 68 JTS 9-5/8", 36#, ST&C, K-55 CSG. TOTAL PIFE BAN 2832'. CSG SET AT 2820 . DV TOOL AT 1185'. FU HOVCO & CMTD CSC AS FOLLOVS: V/ 625 SKS HOVCO-LITE V/2% CA CL2 & 1/4#/SK FLOCELE. IN V/450 SKS CLASS "C" CMT V/2% CA CL2 & 1/4#/SK FLOCFLF. DISPLACE CMT V/215 BELS FRISH VTR. FLIG DOWN AT 8:30 FM. CIEC 85 SKS CMT TO SIFFACE. DID NOT HAVE TO SET SLIFS, CUT CSG OFF & NU. OFEN DY TOOL. 12-4 Test B.O.P. 1 csq to 1500 & held .ok. Subsurface Safety Valve: Manu. and Type Set @ 18. I hereby certify that the foregoing is true and correct DATE 12-4-78 ACTING DISTRICT ENGINEER DEC - 6 1978 APPROVED BY TITLE CONDITIONS OF artesia