

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 Co.

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: 660' FNL & 1650' FWL.

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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:

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U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(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.)*

In order to increase production from subject well, it is proposed to C.O. acidize as follows:

- MRLU, pull prod eqpt.

- C.O. to 9925' if necess.

- Acidize Wolfcamp w/ total of 2400 gals 15% HCl-Ne acid in 3 stages.

- flush w/ 80 bbls TFW.

- Acidize Abo w/ total of 1800 gals 15% HCl-Ne acid in 2 stage.

- flush w/ 75 bbls TFW and begin swabbing back

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

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

SIGNED W. A. Dusterfield TITLE Admin. Supv DATE 12-14-78

(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

4566 5

FILE

*See Instructions on Reverse Side

APPROVED
DEC 18 1978
ACTING DISTRICT ENGINEER