

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

**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 ☒ gas ☐ other ☐  
well well well  
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' FSL & 660' 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:                           | SUBSEQUENT REPORT OF:               |
|----------------------------------------------------|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>       | <input type="checkbox"/>            |
| FRACTURE TREAT <input type="checkbox"/>            | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE <input type="checkbox"/>          | <input type="checkbox"/>            |
| REPAIR WELL <input type="checkbox"/>               | <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>      | <input type="checkbox"/>            |
| MULTIPLE COMPLETE <input type="checkbox"/>         | <input type="checkbox"/>            |
| CHANGE ZONES <input type="checkbox"/>              | <input type="checkbox"/>            |
| ABANDON <input type="checkbox"/>                   | <input type="checkbox"/>            |
| Other: Shut In <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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.)

Status of Well: Shut In

Approximate date that temp. aban. commenced: 11-77

Reason for temp. aban.: Uneconomic

Future plans for well: Monitoring well for waterflood response.

Approximate date of future W. O. or plugging: During next 12-18 months

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Bern A. Lee TITLE Administrative Supervisor DATE 5, 1979

This space for Federal or State official use

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

USGS (5), MCA (3), File

5. LEASE  
LC-00341  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
MCA  
8. FARM OR LEASE NAME  
MCA Unit  
9. WELL NO.  
79  
10. FIELD OR WILDCAT NAME  
Maljamar GSA  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 23, T-17S, R-32E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3647 G R

NOTE: Report results of multiple completion or zone change on Form 9-331-C.

RECEIVED  
MAR 19 1979  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

ACCEPTED FOR RECORD

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