

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 ☒ gas ☐ other ☐
2. NAME OF OPERATOR
Continental Oil Company
3. ADDRESS OF OPERATOR
Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *990' FNL + 2970' 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 ☐
FRACTURE TREAT ☐
~~SHOOT OR ACIDIZE~~ ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

- ☐
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5. LEASE
LC-029405(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
MCA
8. FARM OR LEASE NAME
MCA UNIT
9. WELL NO.
19
10. FIELD OR WILDCAT NAME
MULT. G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T-17S, R-32E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3962' DF

(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 Increase Production by Acidizing The 6th + 7th zones and cleanout, Acidize + Test The upper 9th + 9 massive zones, as follows: Load The hole with TFW + Pull Prod. Equip. Cleanout to 3803'. Set Pkr at 3435' and acidize the 6th + 7th zones w/ 6500 Gals of 15% Acid. Clean out to 4100' and Plug back with Pergravel and 900 lbs of Cal-Sol to 4050'. Set open hole Treating Pkr at 3920'. Acidize w/ 4500 15% Acid, 9th + 9th massive zones. Pull Treating Equipment and Re-run Producing Equip.

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

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

SIGNED *W. A. Zutterlund* TITLE *Admin. Supv.* DATE *5-5-78*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

MAY 8 1978

ACTING DISTRICT ENGINEER

USGS-(5), MCA(4), F.I.

*See Instructions on Reverse Side