

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 COMPANY
3. ADDRESS OF OPERATOR
Box 460, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: **2310' FSL & 1980' 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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
~~SHOOT OR~~ ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) **Re Perf & Acidize**

SUBSEQUENT REPORT OF:

- ☐
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RECEIVED

MAY 17 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
LC-031622 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
N M F U
8. FARM OR LEASE NAME
Sanderson A
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Eunice Monument Grayburg-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T-20S, R-36E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3576' 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.)*

Rig up 4-25-78. POOH w/ Prod. Equip. Pull 2 3/8" and 2 3/8" tbg. Report w/2 JSPF at 3797', 3813', 18', 22', 42', 50', 60', 67', 76', 90', 92', 3895'. Acidize w/2000 gals. 15% HCL-NE acid w/additives. Tag fill at 3850'. Ran Prod. Equip. Release Rig 4-28-78. Tested 24 BO, 18 BW, 35 MCFG in 24 hrs on 5-4-78.

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

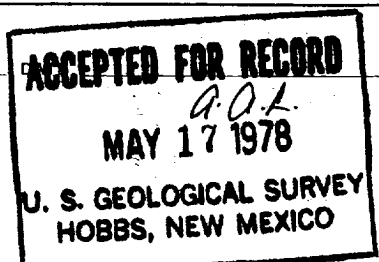
18. I hereby certify that the foregoing is true and correct

SIGNED **Wm. A. Butler** TITLE **Admin. Supv.** DATE **5-16-78**

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



USGS(5), NMFU(4), File